FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

	FOI All Authorized	Committee			Office Use	e Only	
	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	- Example:I over the li	f typing, type nes				
Sorensen for Congress							
				1 1 1 1 1			
ADDRESS (number and street)	PO Box 1661						
Check if different							
than previously reported. (ACC)	Boise			ID	83,7	701	
2. FEC IDENTIFICATION NUM	BER ¥	CITY 🛕		STATE		ZIP CODE	-
C00410886	3. IS	THIS X	NEW (N) OR	AN (A)	MENDED	STATE T	01 01
4. TYPE OF REPORT (Change (Change) (Cha		Prim	on Report for the: lary (12P) vention (12C)	Gene	eral (12G) ial (12S)	Run	off (12R)
X July 15 Quarterly Re October 15 Quarterly		ection on				in the State of	0
January 31 Year-En	d Report (YE) (c) 30-	Day POST -Elec	tion Report for the	e:			
		Gen	eral (30G)	Runo	ff (30R)	Spec	cial (30S)
Termination Report	(TER) Ele	ection on				in the State of	
5. Covering Period 0 5	04 200) 6	nrough	6 3 (20	0 6	
I certify that I have examined this R Type or Print Name of Treasurer	Report and to the best of my Report and to the best of my Report and to the best of my Report and the best of the best	knowledge and b	elief it is true, com	rect and compl	ete.		
Type of Fine Haine of Fleadite							
Signature of Treasurer Electron	nically Filed by Donna Jo	nes		Date 0	7 1	5 2	006
NOTE : Submission of false, erron	eous, or incomplete informat	tion may subject	the person signing	g this Report to	the penalties	of 2 U.S.C 43	37g.
Office Use					I	FORM (

Image# 26950264338

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Sorensen for Congress ° D 0.5 0 6 From: 04 2006 2006 Report Covering the Period: To: 3 0 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 29661.05 189273.33 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 250.00 250.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 29411.05 189023.33 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 118649.29 398612.95 (from Line 17)..... (b) Total Offsets to Operating 97.05 427.80 Expenditures (from Line 14)..... (c) Net Operating Expenditures 118552.24 398185.15 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 1338.18 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 210500.00 Schedule C and/or Schedule D)..... For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100 FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name Sorensen for Congress D ° D 0 5 Report Covering the Period: 04 2006 06 2006 From: 3 0 To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 11300.00 107956.18 (i) Itemized (use Schedule A)..... 4365.00 26725.00 (ii) Unitemized..... (iii) TOTAL of contributions 15665.00 134681.18 from individuals..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 13996.05 53703.10 (such as PACS)..... 0.00 889.05 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 29661.05 189273.33 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 84000.00 210500.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 84000.00 210500.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 97.05 427.80 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 113758.10 400201.13

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	118649.29	398612.95
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed		
	by the Candidate	0.00	0.00
	(b) Of all Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
 20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	250.00	250.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	250.00	250.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	118899.29	398862.95
	III. CASH SUMMA	ARY	
23.	CASH ON HAND AT BEGINNING OF REPORTING	PERIOD	6479.37
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, pag	e3)	113758.10
25.	SUBTOTAL (add Line 23 and Line 24)		120237.47
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line	2 22)	118899.29
27.	CASH ON HAND AT CLOSE OF REPORTING PERI (subtract Line 26 from Line 25)		1338.18

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 5 / 81					
ITEMIZED RECEIPTS		or each category of the	(check only one)						
•			Detailed Summary Page	X 11a 11b 11c 11d 15 12 13a 13b 14 15					
Ar	ny information copied from such Reports and Statemen	ents may	not be sold or used by any perso	n for the purpose of soliciting contributions					
or	for commercial purposes, other than using the name	and add	aress of any political committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
	Sorensen for Congress								
_	Full Name (Last, First, Middle Initial)			Data of Bassist					
Α.	Susan Simmons Mailing Address 533 Fox Den Court			Date of Receipt					
				05 04 2006					
	,	State	Zip Code	Transaction ID: 0000899-001					
	Glen Mills	PA	19342	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.			100.00					
	Name of Employer VA Medical Regional Office	ccupation	1	7					
	negistere			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)					
	Receipt For: 2006 E	lection C	ycle-to-Date ▼						
	Other (specify)		100.00	Earmarked through American Nurses Association PAC					
В.	Full Name (Last, First, Middle Initial) Gale Bromelmeier			Date of Receipt					
	Mailing Address 2250 Parlane			05 04 YYYY 2006					
	City	State	Zip Code	Transaction ID: 0000899-002					
	Willoughby	OH	44094	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.			25.00					
	Name of Employer Oc	ccupation	1	7					
			ed Nurse	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)					
	Receipt For: 2006 E X Primary General	lection C	ycle-to-Date ▼						
	Other (specify)		25.00	Earmarked through American Nurses Association PAC					
C	Full Name (Last, First, Middle Initial) Rose Gonzalez			Date of Receipt					
•	Mailing Address 3318 Culler Court			M M / D D / Y Y Y Y					
	Cit.	Otate	7ia Cada	05 04 2006					
		State VA	Zip Code 22192	Transaction ID: 0000899-003 Amount of Each Receipt this Period					
	FFC ID number of contributing		1111111						
	federal political committee.			50.00					
Receipt For: 2006 Election (ccupation	 1	7					
		•	Govt Affairs	Limit Increased Due to Opponent's					
		lection C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)					
	X Primary General Other (specify) ▼		50.00	Earmarked through American Nurses Association PAC					
	□ Other (specify) ▼	0 0		Tarses Association 1 Ao					
	LIPTOTAL of Possints This Poss (antique)			175.00					
	SUBTOTAL of Receipts This Page (optional)								
Т	OTAL This Period (last page this line number only)		TOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 81 (check only one) X
An or	ly information copied from such Reports and for commercial purposes, other than using t	Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Sorensen for Congress			
۹.	Full Name (Last, First, Middle Initial) Nancy La Vigne White Mailing Address 36 N Country Club D			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Phoenix	State AZ	Zip Code 85014	Transaction ID: 0000899-004
	FEC ID number of contributing federal political committee.	C	63014	Amount of Each Receipt this Period 100.00
	Name of Employer Requested Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Registere Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Earmarked through American Nurses Association PAC
3.	Full Name (Last, First, Middle Initial) Anne Bove Mailing Address 48-53 45th Street			Date of Receipt 0 5 0 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 0000899-005
	Woodside	NY	11377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Requested Receipt For: 2006	Occupation Registere Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	25.00	Earmarked through American Nurses Association PAC
<u>.</u>	Full Name (Last, First, Middle Initial) Gloria Hope	•		Date of Receipt
	Mailing Address 900 Peninsula Avenu	05 04 YYYYY 2006		
	City Tarpon Springs	State FL	Zip Code 34689	Transaction ID: 0000899-006
	FEC ID number of contributing federal political committee.	C	34009	Amount of Each Receipt this Period 50.00
	Name of Employer Retired	Occupation Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Sycle-to-Date ▼ 50.00	Earmarked through American Nurses Association PAC
s	UBTOTAL of Receipts This Page (optional)			175.00
т.	OTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/81
TEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and Sta	tements may not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Sorensen for Congress		
Full Name (Last, First, Middle Initial)		
A. Dean C. Sorensen		Date of Receipt
Mailing Address 2785 Autumn Drive		05 05 2006
City	State Zip Code	Transaction ID: 0000893
Boise	ID 83706	Amount of Each Receipt this Period
FEC ID number of contributing		400.00
federal political committee.	C	400.00
Name of Employer Cantrill, Skinner, Sulliv-	Occupation	7
an & King,	Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 0.3.0. 441a(i)/441a-1)
X Primary General Other (specify) ▼	500.00	
case (epocal)/ •		1
Full Name (Last, First, Middle Initial)		
3. Dr. JL Crow Mailing Address 1428 Central Avenue NE	=	Date of Receipt
Mailing Address 1426 Certifal Avertue Inc	=	05 05 2006
City	State Zip Code	Transaction ID: 0000918
East Grand Forks	MN 56721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
rederal political committee.		
Name of Employer Red River Plastic Surgery	Occupation	Livin Issues and Donata Comments
Clinic Receipt For: 2006	Plastic Surgeon Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		1
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Dell P. Smith		Date of Receipt
Mailing Address 1880 Fillmore Street		M M / D D / Y Y Y Y
City	State 7ip CI-	05 05 2006
City Twin Falls	State Zip Code ID 83301	Transaction ID: 0000919 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer Self	Occupation	
Self	Plastic Surgeon	Limit Increased Due to Opponent's
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	250.00	
Other (specify) ▼		1
I		
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number or	nly)	

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/81 (check only one) X 11a
Δ	ny information copied from such Reports and State	monte ma		12 13a 13b 14 15
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	osolicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Sorensen for Congress			
Α.	Full Name (Last, First, Middle Initial) Diane Westerberg			Date of Receipt
	Mailing Address 7175 Delwood Drive			05 08 2006
	City	State	Zip Code	Transaction ID: 0000900
	Boise	ID	83709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1200.00
	Name of Employer	Occupation	1	
		Housewif	-	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Opending (2 0.0.0. 4414(1)/4414 1)
	X Primary General Other (specify) ▼		1200.00	
В.	Full Name (Last, First, Middle Initial) Dr. Charles Slack			Date of Receipt
	Mailing Address 1105 N Central Expy, Sui	05 / 08 / 4 9 9 9		
	City	State	Zip Code	Transaction ID: 0000913
	Allen	TX	75013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer N TX Plastic & Reconstruc-	Occupation		Limit Increased Due to Opponent's
	tive Surgery Receipt For: 2006	Plastic S	urgeon ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Licotion	·	1
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Leland R. Chick			Date of Receipt
	Mailing Address 24 South 1100 East, Suit	e 1201		05 08 2006
	City	State	Zip Code	Transaction ID: 0000917
	Salt Lake City	UT	84102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Loland D Chiele MD	Occupation Plastic S		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		250.00]
s	UBTOTAL of Receipts This Page (optional)			1700.00
Т	OTAL This Period (last page this line number onl	y)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 81 (check only one) X
An or	y information copied from such Reports and for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Sorensen for Congress			
A. 3.	Full Name (Last, First, Middle Initial) Rebecca Q. Morgan Mailing Address 12728 La Cresta Drive City Los Altos FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: 2006 X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John G. Kloss Mailing Address 2451 N Sunview Lane City Boise FEC ID number of contributing federal political committee.	State CA C Occupation Retired Election C State ID C	Zip Code 83702	Date of Receipt M M / D D / 2006 Transaction ID: 0000916-001 Amount of Each Receipt this Period 250.00 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Earmarked through The Wish List Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Boise Orthopedic Clinic Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Physician Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Э.	Full Name (Last, First, Middle Initial) Dr. William Strinden Mailing Address 1402 Mulberry Court City	State	Zip Code	Date of Receipt M M M
	<u>Lufkin</u>	TX	75904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Physician Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
S	UBTOTAL of Receipts This Page (optional) .			1000.00
т	OTAL This Period (last page this line numbe	r only)		

SCHEDL	JLE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 81		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
	D IILULIF I J		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15		
Any informat	ion copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or for comme	ercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
NAME O	F COMMITTEE (In Full)					
Sorense	en for Congress					
/	(Lest First Middle Initial)					
Full Name 4. Frances E	e (Last, First, Middle Initial) dwards			Date of Receipt		
Mailing A	ddress 50 Concord Park E			M M / D D / Y Y Y Y		
				05 12 2006		
City		State	Zip Code	Transaction ID: 0000945-001		
<u>Nashvill</u>		TN	37205	Amount of Each Receipt this Period		
	umber of contributing litical committee.	C		250.00		
	milical committee.					
Name of I Retired	Employer	Occupation		1		
	0000	Registere		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Receipt F	or: 2006 nary General	Election C	ycle-to-Date ▼			
	er (specify) \blacktriangledown		250.00	Earmarked through American Nurses Association PAC		
	(1 J) ▼		0 0 0 0 0 0 0			
	e (Last, First, Middle Initial)					
3. DM Thorn				Date of Receipt		
Mailing A	ddress 3444 Desaix Blvd			05 12 2006		
City	State Zip Code			Transaction ID: 0000945-002		
New Orl	eans	LA	70119	Amount of Each Receipt this Period		
FEC ID n	umber of contributing					
federal po	litical committee.	C		25.00		
Name of I	=mplover	Occupation	1	-		
Name of I Requeste	d d	Registere		Limit Increased Due to Opponent's		
Receipt F	or: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
	nary General		05.00	Earmarked through American Nurses Association PAC		
Oth	er (specify) ▼		25.00	Nurses Association PAC		
End Name	o (Loot First Middle Initial)					
Full Name C. Rosemary	e (Last, First, Middle Initial) Duroha			Date of Receipt		
Mailing A				M M / D D / Y Y Y Y		
		<u> </u>		05 12 2006		
City	•	State	Zip Code	Transaction ID: 0000945-003		
Brooklyı		NY	11236	Amount of Each Receipt this Period		
	umber of contributing olitical committee.	C		50.00		
Name of I Requeste	Employer ed	Occupation		Limit Income of Day to Occasion the		
		Registere		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Receipt F		⊏lection C	ycle-to-Date ▼			
	er (specify)		50.00	Earmarked through American Nurses Association PAC		
	., , ,					
SUBTOTAL	of Receipts This Page (optional)		·····	325.00		
TOTAL =::	- Desired (lead of the lead of	-1.)				
IOIAL Thi	s Period (last page this line number o	nıy)	>			

S	CHEDULE A (FEC Form 3	1		FOR LINE NUMBER: PAGE 11 / 81
	•	′	Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Sorensen for Congress			
Α.	Full Name (Last, First, Middle Initial) Kenneth L. Pursley			Date of Receipt
	Mailing Address PO Box 2720			05 16 2006
	City	State	Zip Code	Transaction ID: 0000941
	Boise	ID	83701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Givens Pursley LLP	Occupation Attorney	١	Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	1 1	,	7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Phillip C. Haeck	•		Date of Receipt
	Mailing Address 901 Boren Avenue,	Suite 1650		05 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0000942
	Seattle	WA	98104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	
	Self	Plastic S		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.5.0. 44 ra(i)/44 ra-1)
	X Primary General Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jamsheed K. Najmi	ı		Date of Receipt
	Mailing Address 201 Union Ave, Buil	ding 1, Ste B		05 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0000943
	Bridgewater	NJ	08807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Jamsheed K Najmi, MD	Occupation Plastic St		Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		050.00	
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)		1000.00
\vdash				
T	OTAL This Period (last page this line numl	oer only)		

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/81
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full) Sorensen for Congress			
<u>′</u> А.	Full Name (Last, First, Middle Initial) Dr. Peter T. Hetzler			Date of Receipt
	Mailing Address 200 White Road, Suite	211		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0000951
	Little Silver	NJ	07739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation Plastic S		Limit Increased Due to Opponent's
	Receipt For: 2006		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Frances B. Nelson			Date of Receipt
	Mailing Address 60-31st Avenue			05 / 18 / 2006
	City	State	Zip Code	Transaction ID: 0000910
	San Mateo	CA	94403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2100.00
	Name of Employer Bohannon Development Co	Occupation Executive		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	2100.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Stephen M. Maloff			Date of Receipt
	Mailing Address 4785 Kim Drive			05 18 2006
	City	State	Zip Code	Transaction ID: 0000952
	Pocatello	ID	83204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Plastic Surgery Associates	Occupation Plastic S		Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			2850.00
 	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/81			
ITEMIZED RECEIPTS	or each category of the	(check only one)			
	Detailed Summary Page	X 11a 11b 11c 11d 11d 12 13a 13b 14 15			
Any information copied from such Reports and Statements r	nay not be sold or used by any persor	for the purpose of soliciting contributions			
or for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
Sorensen for Congress					
Full Name (Last, First, Middle Initial)					
A. Kevin Settles		Date of Receipt			
Mailing Address PO Box 1558		05 19 2006			
City State	Zip Code	Transaction ID: 0000944			
Boise ID	83701	Amount of Each Receipt this Period			
FEC ID number of contributing		400.00			
federal political committee.		400.00			
Name of Employer _ Occupa	tion	†			
Bardenay Restaurant & Dis- tillery Owner		Limit Increased Due to Opponent's			
Receipt For: 2006 Election	n Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
X Primary General	400.00				
Other (specify) ▼	100.00				
Full Name (Last, First, Middle Initial)					
Lydia I. Beebe		Date of Receipt			
Mailing Address 125 San Felipe Way		05 19 2006			
City State	Zip Code	Transaction ID: 0000950-001			
San Francisco CA	94127	Amount of Each Receipt this Period			
FFO ID sounds or of postelle time.					
federal political committee.		100.00			
Name of Employer Occupa	tion	1			
Chevron Corporation Execut	ive Corp. Secretary	Limit Increased Due to Opponent's			
	n Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
X Primary General	100.00	Earmarked through The Wish			
Other (specify) ▼		List			
Full Name (Last, First, Middle Initial)					
Joan Buhler		Date of Receipt			
Mailing Address 1929 Clay Street		05 19 2006			
City State	Zip Code	Transaction ID: 0000950-002			
Port Townsend WA	98368	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee		100.00			
federal political committee.					
Name of Employer Retired Occupa	tion	1			
Retired	·	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
Receipt For: 2006 Election X Primary General	n Cycle-to-Date ▼				
Other (specify)	100.00	Earmarked through The Wish List			
Care (eposity)					
SUBTOTAL of Receipts This Page (optional)	>	600.00			
TOTAL This Period (last page this line number only)	>				

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 81 (check only one) X 11a 11b 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Sorensen for Congress			
^ A .	Full Name (Last, First, Middle Initial) Virginia S. Donnell Mailing Address 1400 Geary Blvd, Apt	308		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0000950-003
	San Francisco	CA	94109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Retired Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Retired Election C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Earmarked through The Wish List
3.	Full Name (Last, First, Middle Initial) Katharine E. Merck Mailing Address 1010 Waltham Street,	#F19		Date of Receipt
		05 19 2006		
	City Lexington	State MA	Zip Code 02421	Transaction ID: 0000950-004
	FEC ID number of contributing federal political committee.	C	02421	Amount of Each Receipt this Period 250.00
	Name of Employer Receipt For: 2006	Occupation Housewith		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	Liection	250.00	Earmarked through The Wish List
- C.	Full Name (Last, First, Middle Initial) Brian E. Peierls			Date of Receipt
	Mailing Address 7808 Harvestman Cov	е		05 19 / 4 2006
	City	State	Zip Code	Transaction ID: 0001078
	Austin	TX	78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Asset Management		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			775.00
т	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 81
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 11d 11d
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	12 13a 13b 14 15
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\geq	Sorensen for Congress			
A.	Full Name (Last, First, Middle Initial) Charles D. Ostrom			Date of Receipt
	Mailing Address 9000 Belvoir Woods Pa	arkway, WV	V 106	05 22 2006
	City	State	Zip Code	Transaction ID: 0001080-001
	Ft Belvoir	VA	22060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Retired	Occupation Retired	n	Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		100.00	Earmarked through The Wish List
В.	Full Name (Last, First, Middle Initial) Rebecca Q. Morgan Mailing Address 12728 La Cresta Drive			Date of Receipt
	Walling Address 12720 La Gresia Diffe			05 22 2006
	City	State	Zip Code	Transaction ID: 0001080-002
	Los Altos	CA	94022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Retired	Occupation	n	
		Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election C	Cycle-to-Date ▼	
	Other (specify)		500.00	Earmarked through The Wish List
<u> </u>	Full Name (Last, First, Middle Initial) Nedenia H. Hartley			Date of Receipt
	Mailing Address 870 United Nations Pla	za		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0001080-003
	New York	NY	10017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	
	Self	Self-Emp		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 0.5.0. 441a(I)/441a-1)
	X Primary General Other (specify) ▼	0 0	250.00	Earmarked through The Wish List
s	UBTOTAL of Receipts This Page (optional)			550.00
T.	OTAL This Period (last nage this line number)	anly)		

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/81
TEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and Statement	ts may not be sold or used by any person	n for the purpose of soliciting contributions
or for commercial purposes, other than using the name ar	nd address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Sorensen for Congress		
Full Name (Last, First, Middle Initial)		
A. Kim Short Mailing Address 5710 Brookwood Road		Date of Receipt
Walling Address 57 TO BLOOKWOOD Road		05 24 2006
City Sta	ate Zip Code	Transaction ID: 0001081
Indianapolis IN	46226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Occu	upation	1
Surg	geon	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 Electory General	tion Cycle-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Daniel Mills		Date of Receipt
Mailing Address 38152 Pacific Coast Hwy Ste	401	M M / D D / Y Y Y Y
		06 01 2006
City Sta Laguna Beach CA	'	Transaction ID: 0001085
	A 92651	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Acethotic Plactic Surgical	upation	
Institute	sician tion Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		
Other (specify) ▼	250.00	
Full Name (Leat First Middle Initial)		
Full Name (Last, First, Middle Initial) Mark W. Greene		Date of Receipt
Mailing Address 525 Oake Centre Suite 110		0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta	ate Zip Code	Transaction ID: 0001098
San Antonio TX	78258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee		250.00
rederal political committee.		
Colf	upation	
Pily	sician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 Elec	tion Cycle-to-Date ▼	, , , , , , , , , , , , , , , , , , , ,
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	·····	1000.00
TOTAL This Period (last page this line number only)	>	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 17/81 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c 11d Detailed Summary Page 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Sorensen for Congress Full Name (Last, First, Middle Initial) Date of Receipt Sharon L. Jacques Mailing Address 50 Morgan Branch Estates 06 13 2006 City Zip Code State Transaction ID: 0001095-001 Candler NC 28715 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Requested Occupation Registered Nurse Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General Earmarked through American Nurses Association PAC 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	250.00
TOTAL This Period (last page this line number only)	•	11300.00

_	011ED111 E A /EEO E			FOR LINE NUMBER: PAGE 18/81
5(CHEDULE A (FEC Form 3)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
• •	LIVIIZED MEGEN 10		Detailed Summary Page	11a 11b X 11c 11d
				12 13a 13b 14 15
An	y information copied from such Reports and St	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	Sorensen for Congress			
/	3			
	Full Name (Last, First, Middle Initial)			
٩.	American Nurses Association PAC			Date of Receipt
	Mailing Address 8515 Georgia Avenue,	Suite 400		M ' M / D ' D / Y ' Y ' Y ' Y
	,			05 04 2006
	City	State	Zip Code	Transaction ID: 0000899
	Silver Spring	MD	20910	Amount of Each Receipt this Period
	• •			7 Although of Educati Hoodspit Billio T Gried
	FEC ID number of contributing federal political committee.	C		350.00
	rederal political committee.			
	Name of Employer	Occupatio	n	
	1			Limit Increased Due to Opponent's
	Receipt For: 2006	Flection C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Licotion	yolo to Bate 🔻	[MEMO ITÉM]
	Other (specify)		5000.00	EARMARKED
	Ctrier (specify)		0 0 0 0 0 0 0	
2	Full Name (Last, First, Middle Initial) Oral and Maxillofacial Surgery PAC			Date of Receipt
٥.				-
	Mailing Address 9700 W Bryn Mawr Ave	enue		05 09 2006
	City	State	Zip Code	
	-		·	Transaction ID: 0000905
	Des Plaines	<u> </u>	60018	Amount of Each Receipt this Period
	FEC ID number of contributing	C		1000.00
	federal political committee.	9		
	Name of Employer	Occupatio	<u> </u>	_
	Traine of Employer	Occupatio		Limit Increased Due to Opponent's
	Receipt For: 2006	Floation C	Sigle to Date	Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election	Cycle-to-Date ▼	
	.,	' '	1000.00	
	Other (specify)			
_	Full Name (Last, First, Middle Initial)			Data of Daggint
٥.	The Wish List			Date of Receipt
	Mailing Address 333 N Fairfax Street, Si	uite 302		05 10 2006
	City	State	Zip Code	
	•		•	Transaction ID: 0000916
	Alexandria	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupatio	 n	7
		Soupailo		Limit Increased Due to Opponent's
	Receipt For: 2006	Flaction C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	FIECTION C	7,500 to Date •	[MEMO ITÉM]
		' '	707.05	EARMARKED
	Other (specify)	0 0		
				1000.00
S	UBTOTAL of Receipts This Page (optional)	······	······	1000.00
T	OTAL This Period (last page this line number of	only)	>	

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 81 (check only one) 11a
Δ-	ny information copied from such Reports and S	tatamente mo	, ,	12 13a 13b 14 15
or	for commercial purposes, other than using the	name and add	dress of any political committee to	e solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Sorensen for Congress			
Α.	Full Name (Last, First, Middle Initial) AMERICN SOCIETY OF ANESTHESIOLOGISTS	S PAC		Date of Receipt
	Mailing Address 520 N Northwest High	05 11 2006		
	City Park Ridge	State IL	Zip Code 60068	Transaction ID: 0000907 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3500.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Sycle-to-Date ▼ 3500.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) American Nurses Association PAC			Date of Receipt
	Mailing Address 8515 Georgia Avenue, City	Suite 400 State	Zip Code	05 12 2006 Transaction ID: 0000945
	Silver Spring	MD	20910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Sycle-to-Date ▼ 5000.00	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] EARMARKED
<u> </u>	Full Name (Last, First, Middle Initial) The Wish List			Date of Receipt
	Mailing Address 333 N Fairfax Street, S	uite 302		05 15 2006
	City	State	Zip Code	Transaction ID: 0000908
	Alexandria FEC ID number of contributing	VA	22314	Amount of Each Receipt this Period
	federal political committee.	C		3000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	cycle-to-Date ▼ 3707.05	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			6500.00
Т	OTAL This Period (last page this line number	only)		

_				FOR LINE NUMBER: PAGE 20 / 81
5(CHEDULE A (FEC Form 3)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
•			Detailed Summary Page	11a 11b X 11c 11d 11d
_				12 13a 13b 14 15
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee
.	NAME OF COMMITTEE (In Full)	Tiamo ana aa	arose or any pomiour committee to	Concil Continuation of form Continuation.
/	,			
/	Sorensen for Congress			
_	Full Name (Last, First, Middle Initial)			
۹.	Coeur dAlene Tribe			Date of Receipt
	Mailing Address PO Box 408			M M / D D / Y Y Y Y
				05 17 2006
	City	State	Zip Code	Transaction ID: 0001077
	Plummer	ID	83851	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	N (5)	10 "		_
	Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
	Descipt Form 0000	l Flanting C	Ovele to Date	Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election	Cycle-to-Date ▼	
	Other (specify)		500.00	
	Other (specify)			
	Full Name (Last, First, Middle Initial)			
3.	REALTORS PAC			Date of Receipt
	Mailing Address 500 New Jersey Avenu	ıe NW		M M / D D / Y Y Y Y
	The state of the s	10, 1111		05 18 2006
	City	State	Zip Code	Transaction ID: 0000909
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		5000.00
		10		
	Name of Employer	Occupatio	n	Limit Ingressed Due to Opponentia
	Descipt Form 0000	l Flanting C	Ovele to Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election	Cycle-to-Date ▼	
	Other (specify)		5000.00	
	Carier (openity)			1
	Full Name (Last, First, Middle Initial)	<u> </u>		
Э.	The Wish List			Date of Receipt
	Mailing Address 333 N Fairfax Street, S	Suite 302		M M / D D / Y Y Y Y
				05 18 2006
	City	State	Zip Code	Transaction ID: 0000946
	Alexandria	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing			996.05
	federal political committee.	C		330.03
	Name of Employer	Occupatio	n	IN-KIND: printing, postage
	Traine or Employer	Occupatio		& Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify)		4703.10	
				1
		•		
S	UBTOTAL of Receipts This Page (optional)			6496.05
			<u> </u>	
T	OTAL This Period (last page this line number	only))	

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 81
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	11a 11b X 11c 11d 11d 12 13a 13b 14 15
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
<u>. </u>	NAME OF COMMITTEE (In Full)		aroos or arry pointion committee to	
\rangle	Sorensen for Congress			
۹.	Full Name (Last, First, Middle Initial) The Wish List			Date of Receipt
	Mailing Address 333 N Fairfax Street, Su	iite 302		05 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0000950
	Alexandria	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		475.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
	X Primary General		4703.10	EARMARKED
	Other (specify) 🔻	0 0	0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) The Wish List			Date of Receipt
	Mailing Address 333 N Fairfax Street, Su	iite 302		05 22 YYYY 2006
	City	State	Zip Code	Transaction ID: 0001080
	Alexandria	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		550.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
	X Primary General Other (specify)	' '	4703.10	EARMARKED
	Other (specify)	0 0	0 0 0 0 0 0 0	
о. Э.	Full Name (Last, First, Middle Initial) American Nurses Association PAC			Date of Receipt
	Mailing Address 8515 Georgia Avenue, S	Suite 400		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 0001095
	Silver Spring	MD	20910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	Limit Ingressed Due to Opposed a
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	223.0		[MEMO ITĒM] EARMARKED
	Other (specify) ▼		5000.00	
s	UBTOTAL of Receipts This Page (optional)			0.00
<u> </u>	OTAL This David (Instrument 1975 Program)	mls ()		13996.05
	OTAL This Period (last page this line number o	(VIII)		

PAGE 22 / 81 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Sorensen for Congress Full Name (Last, First, Middle Initial) Date of Receipt Sheila A. Sorensen Mailing Address 1229 E Brightwater Lane 05 2006 09 City State Zip Code Transaction ID: 0000906 Boise ID 83706 Amount of Each Receipt this Period FEC ID number of contributing 68000.00 C federal political committee. Candidates Personal Funds Name of Employer Retired Occupation On Demand Retired Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 195389.05 Other (specify) Full Name (Last, First, Middle Initial) B. Sheila A. Sorensen Date of Receipt Mailing Address 1229 E Brightwater Lane 0 6 15 2006 City State Zip Code Transaction ID: 0001052 Boise ID 83706 Amount of Each Receipt this Period FEC ID number of contributing C 16000.00 federal political committee. Candidates Personal Funds Name of Employer Retired Occupation On Demand Retired Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 211389.05 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	84000.00
TOTAL This Period (last page this line number only)	•	84000.00

PAGE 23/81 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Sorensen for Congress Full Name (Last, First, Middle Initial) Boise Weekly Date of Receipt Mailing Address 523 Broad St 05 31 2006 City State Zip Code Transaction ID: 0001089 Boise ID 83702 Amount of Each Receipt this Period FEC ID number of contributing C 43.50 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 43.50 Other (specify) Full Name (Last, First, Middle Initial) B. KLEW-TV Date of Receipt Mailing Address 2626 17th St 06 8 0 2006 City Zip Code State Transaction ID: 0001096 Lewiston ID 83501 Amount of Each Receipt this Period FEC ID number of contributing C 53.55 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 53.55 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	97.05
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	CHEDULE B (FEC Form 3	-		rate schedule(s)	FOR LINE (check only	
IT	EMIZED DISBURSEMENT	rs		category of the Summary Page	_ i `	X 17
	y Information copied from such Reports a for commercial purposes, other than usin					
\setminus	NAME OF COMMITTEE (In Full)					
	Sorensen for Congress					
A.	Full Name (Last, First, Middle Initial) ClearChannel					Transaction ID: 0000991 Date of Disbursement
	Mailing Address 827 E Park Bou	evard				$\begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 4 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$
	City Boise		State D	Zip Code 83712		Amount of Each Disbursement this Period
	Purpose of Disbursement Radio				004	956.25 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser X	ment For: Primary Other (spec	2006 General		
	State: District:					
В.	Full Name (Last, First, Middle Initial) US Postmaster					Transaction ID: 0000992 Date of Disbursement
	Mailing Address 750 W Bannock					$\begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 4 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
	City Boise		State D	Zip Code 83702		Amount of Each Disbursement this Period
	Purpose of Disbursement				004	200.00
	Business Reply Permit & Deposit Candidate Name				001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser X	ment For: Primary Other (spec	2006 General		
	State: District:					
C.	Full Name (Last, First, Middle Initial) American Express					Transaction ID: 0000891 Date of Disbursement
	Mailing Address PO Box 360002					$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ O & O & G \end{smallmatrix} \end{bmatrix}$
	City Ft Lauderdale		State FL	Zip Code 33336		Amount of Each Disbursement this Period
	Purpose of Disbursement					360.83
	Credit Card Payment Candidate Name				001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser X	ment For: Primary Other (spec	2006 General	. 760	ITEMIZATION BELOW
	State: District:		` '	- · · •		
S	UBTOTAL of Disbursements This Page	(optional)			•	1517.08

SCHEDULE B (FECFORII 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 25 / 81		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17		
Any Information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) Sorensen for Congress					
Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address PO Box 36647-ICR			Transaction ID: 0000891-001 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Dallas	State Zip Code TX 75235		Amount of Each Disbursement this Period		
Purpose of Disbursement Travel Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	sement For: 2006 X Primary General Other (specify)		[MEMO ITEM] MEMO		
Full Name (Last, First, Middle Initial) B. Southwest Airlines			Transaction ID: 0000891-002 Date of Disbursement M M M / D D D / Y Y Y O O O		
Mailing Address PO Box 36647-ICR	Mailing Address PO Box 36647-ICR				
City Dallas Purpose of Disbursement Travel	000	Amount of Each Disbursement this Period 118.60			
Candidate Name	002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
ÿ	sement For: 2006 X Primary General Other (specify) ▼		MEMO		
Full Name (Last, First, Middle Initial) C. US Postmaster			Transaction ID: 0000891-003 Date of Disbursement		
Mailing Address 750 W Bannock			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & Z & Q & Q & G \end{bmatrix} $		
City Boise	State Zip Code ID 83702		Amount of Each Disbursement this Period		
Purpose of Disbursement Postage	001	Refund or Disposal of Excess			
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
ÿ	sement For: 2006 X Primary General Other (specify)		MEMO		
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	y Information copied from such Reports an or commercial purposes, other than using				or the purpose of solicating contributions
\setminus	NAME OF COMMITTEE (In Full)				
\backslash	Sorensen for Congress				
_	Full Name (Last, First, Middle Initial)				Transaction ID: 0001072
Α.	Aristotle				Date of Disbursement
	Mailing Address 205 Pennsylvania	Ave SE			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Q & Q & O & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Q & Q & Q & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Q & Q & Q & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Q & Q & Q & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Q & Q & Q & Q \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Q & Q & Q & Q \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Q & Q & Q & Q \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Q & Q & Q & Q \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Q & Q & Q & Q \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Q & Q & Q & Q \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Q & Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Q & Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Q & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \mathbf{Y} \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \mathbf{Y} \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \mathbf{Y} \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \mathbf{Y} $
	City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement			• • • •	11.50
	Fees Candidate Name			001 Category/	Refund or Disposal of Excess Contributions Required Under
	Cardidate Name			Type	11 C.F.R. 400.53
	Office Sought: House	Disbursement For:	2006		
	Senate	X Primary	General		
	State: President District:	Other (spe	есіту) 🔻		
_	Full Name (Last, First, Middle Initial)				Transaction ID: 0000000
В.	Pure Post Cards				Transaction ID: 0000989 Date of Disbursement
	Mailing Address 1227 S Lincoln Av		$\begin{bmatrix}\begin{smallmatrix}M&5&M\\0&5&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&0&0\\0&5&\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&6\end{smallmatrix}$		
	City Clearwater	State FL	Zip Code 33756		Amount of Each Disbursement this Period
	Purpose of Disbursement		1	204	2631.89
	Postage Candidate Name		L	001 Category/	Refund or Disposal of Excess Contributions Required Under
	Candidate Name			Type	11 C.F.R. 400.53
		Disbursement For:	2006		
	Senate President	X Primary Other (spe	General		
	State: District:	Other (spe	city) ▼		
	Full Name (Last, First, Middle Initial)				Transaction ID: 0001011
C.	Holly Cawley				Date of Disbursement
	Mailing Address 1911 W Tracy Co	urt			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ O & S & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & G \end{bmatrix} $
	City Meridian	State ID	Zip Code 83642		Amount of Each Disbursement this Period
	Purpose of Disbursement	10	300-72		44.55
	Reimbursements			001	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disbursement For:	2006		ITEMIZATION BELOW
	Senate	X Primary	General		IT LIVITZATION DELOW
	President District:	Other (spe	ecify) 🔻		
	State: District:				

SUBTOTAL of Disbursements This Page (optional)

21	CHEDULE B (FEC Form 3)			F05 : 11:5	NUMBER. DAGE 07/04				
			erate schedule(s)	(check onl	: NUMBER: PAGE 27 / 81 y one)				
-	EMIZED DISBURSEMENTS		category of the Summary Page		X 17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
	Sorensen for Congress								
Δ	Full Name (Last, First, Middle Initial)				Transaction ID: 0001011-001				
•	FedEx Kinkos				Date of Disbursement 0 5 0 4 2 0 0 6				
	Mailing Address 691 S Capitol Boulevard				05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	•	State ID	Zip Code 83702		Amount of Each Disbursement this Period				
	Purpose of Disbursement				44.55				
	Package Mailing			006	Refund or Disposal of Excess Contributions Required Under				
	Candidate Name			Category/ Type	11 C.F.R. 400.53				
	Senate X President	ment For: Primary Other (spe	2006 General		[MEMO ITEM] MEMO				
	State: District: Full Name (Last, First, Middle Initial)								
3.	Anabel Manchester				Transaction ID: 0001008 Date of Disbursement				
	Mailing Address 1305-1/2 N 8th Street				05 7 2006				
	,	State ID	Zip Code 83702		Amount of Each Disbursement this Period				
	Purpose of Disbursement Salary			001	744.59 Refund or Disposal of Excess				
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate X President	ment For: Primary Other (spe	2006 General						
	State: District:								
Э.	Full Name (Last, First, Middle Initial) Chuck Malloy				Transaction ID: 0001009 Date of Disbursement				
	Mailing Address 433 N Chatterton Avenue)			05 05 7 2006				
	,	State ID	Zip Code 83713		Amount of Each Disbursement this Period				
	Purpose of Disbursement Salary			001	405.24 Refund or Disposal of Excess				
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
		ment For: Primary Other (spe	2006 General						
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s	UBTOTAL of Disbursements This Page (optional) .)	1149.83				

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S	CHEDULE B (FEC Form 3)	Use sepe	rate schedule(s)	FOR LINE I	
IT	EMIZED DISBURSEMENTS		category of the Category of th	(check only	
	y Information copied from such Reports and for commercial purposes, other than using the				
\rangle	NAME OF COMMITTEE (In Full) Sorensen for Congress				
Α.	Full Name (Last, First, Middle Initial) Comcast Mailing Address E 1717 Buckeye				Transaction ID: 0001007 Date of Disbursement O 5
	City Spokane	State WA	Zip Code 99207		Amount of Each Disbursement this Period
	Purpose of Disbursement TV Ads			004	1370.60 Refund or Disposal of Excess Contributions Described Haday
	Candidate Name Office Sought: House D	hisbursement For:	2006	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President State: District:	X Primary Other (spec	General		
В.	Full Name (Last, First, Middle Initial) Coeur dAlene Press				Transaction ID: 0001048 Date of Disbursement
	Mailing Address PO Box 700				05 M / 08 / Y 2006 Y
	City Coeur D Alene	State ID	Zip Code 83816		Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising Candidate Name			004	Refund or Disposal of Excess Contributions Required Under
		visbursement For:	2006	ategory/ Type	11 C.F.R. 400.53
	Senate President State: District:	X Primary Other (spec	General		
C.	Full Name (Last, First, Middle Initial) US Postmaster				Transaction ID: 0001010 Date of Disbursement
	Mailing Address 750 W Bannock				05 M / 08 / 2006 Y
	City Boise	State ID	Zip Code 83702		Amount of Each Disbursement this Period 160.00
	Purpose of Disbursement			004	
	Business Reply Permit Candidate Name		C	001 ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	isbursement For: X Primary Other (spec	2006 General		
_	State: District:				
s	UBTOTAL of Disbursements This Page (op	otional)		•	2730.60

S	CHEDULE B (FEC Form	3)		FOR LINE	E NUMBER: PAGE 29/81							
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			Detailed	Summary Page			X 17 18 19a 19b 20a 20b 20c 21					
							for the purpose of solicating contributions olicit contributions from such committee					
Λ	NAME OF COMMITTEE (In Full)											
V	Sorensen for Congress											
Α.	Full Name (Last, First, Middle Initial) KBCI TV						Transaction ID: 0000971 Date of Disbursement					
	Mailing Address 140 N 16th St	reet					05 M / 09 / Y Y Y O O O					
	City Boise		State D	Zip Code 83702			Amount of Each Disbursement this Period					
	Purpose of Disbursement TV Ads					004	3413.00 Refund or Disposal of Excess					
	Candidate Name					ategory/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Senate President		nent For: Primary Other (spe	2006 General								
	State: District:											
В.	Full Name (Last, First, Middle Initial) Boise Weekly						Transaction ID: 0000975 Date of Disbursement					
	Mailing Address 523 Broad St						05 09 2006					
	City Boise		State D	Zip Code 83702			Amount of Each Disbursement this Period					
	Purpose of Disbursement Newspaper Ads					001	870.00 Refund or Disposal of Excess					
	Candidate Name				ı	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Senate President		nent For: Primary Other (spe	2006 General								
	State: District:		Other (spe	ecity) ₩								
C.	Full Name (Last, First, Middle Initial) Long Valley Advocate						Transaction ID: 0000978 Date of Disbursement					
	Mailing Address PO Box 1079						$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & G \end{smallmatrix} \end{bmatrix}$					
	City Cascade		State D	Zip Code 83611			Amount of Each Disbursement this Period					
	Purpose of Disbursement					• •	225.00					
	Newspaper Ads Candidate Name				Ca	001 ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Senate President		nent For: Primary Other (spe	2006 General	I	. 160						
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s	BUBTOTAL of Disbursements This Pag	ge (optional)				▶	4508.00					

SCHEDULE B (FEC Form 3)							EOD LINE	E NUMBER: PAGE 30 / 81						
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ITEMIZED DISBURSEMENTS					category of the		` -	X 17	7 19b					
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		ed from such Reports a poses, other than usin												
\setminus	NAME OF COMM	/IITTEE (In Full)												
$ \rangle$	Sorensen for C	, ,												
	Full Name (Last, I	First, Middle Initial)						Trans	actio	n ID:	0000	981		
Α.	Idaho County F	ree Press						Date	of Dis	burse	ment			
	Mailing Address	PO Box 690						0 ^M 5	M /	0	9 ′	¥ 2	2006	
	City Grangeville		St I[ate	Zip Code 83530			Amou	ınt of	Each I	Disbu	rsemei	nt this Period	
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	ouridado riamo						Type			R. 400				
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	State:	District:		\ \ I	<i>37</i> , ▼									
_	Full Name (Last, I	————I First, Middle Initial)						Trong	ootio	n ID:	0000	റരാ		
В.	Bonners Ferry	,								burse		903		
								M	M /	D	D /	Υ	YYY	
	Mailing Address	PO Box 539						0.5		0	9	2	ž 0 0 6 °	
	City Bonners Ferry		St I[ate	Zip Code 83805			Amou	ınt of	Each I	Disbu	rsemei	nt this Period	
	Purpose of Disbu	rsement						-					495.00	
	Newspaper Ads	Comone	001						Refund or Disposal of Excess					
	Candidate Name			Cate					ontrib	utions	Requ	ired U		
							Туре	11	1 C.F.	R. 400).53			
	Office Sought:	House	Disbursem	ent For:	2006									
		Senate	XF	Primary	General									
		President		Other (spe	ecify) 🔻									
	State:	District:												
_	Full Name (Last, I	First, Middle Initial)						Trans	sactio	n ID:	0000	985		
C.	Kuna Melba Ne	:WS						Date	of Dis	burse	ment			
	Mailing Address	PO Box 373						0 ^M 5	M /	^D 0	9 /	Y	2006	
	City Kuna		St [[ate	Zip Code 83634			Amou	ınt of	Each I	Disbu	rsemei	nt this Period	
			IL	,	03034						-		262.50	
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	Candidate Name					<u> </u>	ategory/					of Exc ired U		
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	Office Sought:	House	Disbursem	ent For:	2006									
		Senate		Primary	General									
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IT	EMIZED DISBURSEMENTS	Use seperate schedule(s for each category of the)	(check only	- ·	_								
		Detailed Summary Page		[2	X 17 18 20a 20i	\Box	19a 20c	19b 21						
	ny Information copied from such Reports and Sta					solicat	ing con							
or	for commercial purposes, other than using the r	name and address of any politica	ıl com	nmittee to sol	icit contributions	from si	ıch cor	nmittee						
$ \rangle$	NAME OF COMMITTEE (In Full) Sorensen for Congress													
V_{\perp}	Soleliseli for Congress													
Α.	Full Name (Last, First, Middle Initial)				Transaction									
Α.	Star News				Date of Disbu		t /	V						
	Mailing Address PO Box 985				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$									
	City McCall	State Zip Code ID 83638			Amount of Ea	ch Disb	urseme	ent this Period						
	Purpose of Disbursement Newspaper Ads			001	Refund or	Disnos	al of Ex	480.00						
	Candidate Name		Ca	ategory/ Type	Contribution 11 C.F.R.	ons Rec								
	Office Sought: House Disb Senate President	ursement For: 2006 X Primary General Other (specify)												
	State: District:													
В.	Full Name (Last, First, Middle Initial) KWEI Spanish Radio				Transaction Date of Disbu									
	Mailing Address 556 U S Hwy 95				05 4	0 9	/ Y	2006						
	City Weiser	State Zip Code ID 83672			Amount of Ea	ch Disb	urseme	ent this Period						
	Purpose of Disbursement Radio Ads			004	Refund or	Dispos	al of Ex	892.00						
	Candidate Name			ategory/ Type	Contributions Required Under 11 C.F.R. 400.53									
	Office Sought: House Disb Senate President	ursement For: 2006 X Primary General Other (specify)												
	State: District:													
C.	Full Name (Last, First, Middle Initial) Owyhee Avalanche				Transaction Date of Disbu									
	Mailing Address PO Box 97				05	0 9	/ Y	2006						
	City Homedale	State Zip Code ID 83628			Amount of Ea	ch Disb	urseme	ent this Period						
	Purpose of Disbursement							206.25						
	Newspaper Ads Candidate Name		Ca	001 ategory/	Refund or Contribution	ons Rec								
	Office Sought: House Disb Senate President	ursement For: 2006 X Primary General Other (specify)	<u> </u>	Туре		2 3.30								
	State: District:													
s	SUBTOTAL of Disbursements This Page (option	nal)		▶				1578.25						

S	CHEDULE B (FEC Form 3)			EOD LINE	NUMBER:	D	PAGE 32/81				
	EMIZED DISBURSEMENTS	Use seperate sched for each category o		(check only							
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	y Information copied from such Reports and State for commercial purposes, other than using the nan										
abla	NAME OF COMMITTEE (In Full)										
\backslash	Sorensen for Congress										
Α.	Full Name (Last, First, Middle Initial) Latah Eagle				Transac Date of D)5			
	Mailing Address 521 S Jackson				0 5	[′] 0	9 /	Ý 2	0 0 6		
	City Moscow	State Zip Code ID 83843			Amount	of Each	Disburse	emen	t this Period		
	Purpose of Disbursement Newspaper Ads			001	Refu	nd or Dis	sposal of	Exc	220.00 ess		
	Candidate Name		C	Category/ Type		ributions F.R. 40	Require 0.53	d Un	der		
	Senate >	ement For: 200 (Primary Ge Other (specify)	6 eneral								
	State: District:										
В.	Full Name (Last, First, Middle Initial) Moscow-Pullman Daily News				Transac Date of [Disburse	ement	6			
	Mailing Address PO Box 8187				0 5	[′] 0	9 /	Ž	006		
	City Moscow	State Zip Code ID 83843	e		Amount	of Each	Disburse	emen	t this Period		
	Purpose of Disbursement Newspaper Ads			001	Refund or Disposal of Excess						
	Candidate Name		C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	°	ement For: 200 (Primary Ge Other (specify)	eneral								
	State: District:	Other (specify)									
С.	Full Name (Last, First, Middle Initial) Messenger Index				Transac Date of I			9			
	Mailing Address 120 N Washington Ave				0 5		9 /	Ž	006		
	City	State Zip Code			Amount	of Each	Dishurse	men	t this Period		
	Emmett	ID 83617			7 tillount	or Edon	Diobaroc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Purpose of Disbursement							_	525.83		
	Newspaper Ads Candidate Name			001 Category/ Type	Cont		sposal of Require 0.53				
		_	16 eneral	71:-							
_	State: District:	Other (specify)									
s	UBTOTAL of Disbursements This Page (optional)		<u></u>	<u></u>				1	363.23		

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		3 (FEC Form 3 SBURSEMEN	- 1		erate schedule(s) category of the		OR LINE check only	NUMBER: one)	PAGE 33/81
111	EMIZED DI	SBURSEWEN	15		Summary Page			17 18 20a 20b	19a 19b 20c 21
									solicating contributions from such committee
\setminus	NAME OF COM	ЛІТТЕЕ (In Full)							
	Sorensen for C	Congress							
	Full Name (Last, I	First, Middle Initial)						Transaction I	D: 0001000
Α.	Bonner County	Daily Bee						Date of Disbu	rsement
	Mailing Address	PO Box 159						05 /	2006
	City Sandpoint			State D	Zip Code 83864			Amount of Eac	ch Disbursement this Period
	Purpose of Disbu	rsement				-	-		252.00
	Newspaper Ads					0	01	Refund or	Disposal of Excess
	Candidate Name						egory/ /pe	Contribution 11 C.F.R.	ons Required Under 400.53
	Office Sought:	House Senate	Disburser X	ment For: Primary	2006 General				
		President		Other (spe	ecify) 🔻				
	State:	District:							
	Full Name (Last, I	First, Middle Initial)	•					Transaction I	D : 0001001
B.	St. Maries Gaz	ette Record						Date of Disbu	rsement
	Mailing Address	127 S Seventh	St					0 5	0 9 7 2 0 0 6
	City St Maries			State D	Zip Code 83861			Amount of Eac	ch Disbursement this Period
	Purpose of Disbu	rsement				-			475.00
	Newspaper Ads					0	01		Disposal of Excess
	Candidate Name						egory/ /pe	Contribution 11 C.F.R.	ons Required Under 400.53
	Office Sought:	House	Disburser	ment For:	2006				
		Senate	X	Primary	General				
	Chata	President		Other (spe	ecify) 🔻				
	State:	District:							
C.	Clearwater Trib	First, Middle Initial) Dune						Transaction I Date of Disbu	rsement
	Mailing Address	161 Main						0 5	0 0 0 7 2 0 0 6 4
	City Orofino			State D	Zip Code 83544			Amount of Eac	ch Disbursement this Period
	Purpose of Disbu	rsement				-	-		315.00
	Advertising					_	04		Disposal of Excess
	Candidate Name						egory/ /pe	11 C.F.R.	ons Required Under 400.53
	Office Sought:	House	Disburser		2006				
		Senate		Primary	General				
	Ctata	President District:		Other (spe	есіту) 🔻				
_	State:	טואנווננ.							

1042.00

SUBTOTAL of Disbursements This Page (optional)

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	CHEDULE B (FEC F	-		rate schedule(s)	FOR LIN (check o	NE NUMBER: PAGE 34 / 81
IT	EMIZED DISBURSE	MENTS		category of the Summary Page	(CHECK O	X 17
						n for the purpose of solicating contributions solicit contributions from such committee
\rangle	NAME OF COMMITTEE (In F Sorensen for Congress			,,		
Α.	Full Name (Last, First, Middle Coeur dAlene Press Mailing Address PO Box City Coeur D Alene Purpose of Disbursement Newspaper Ads Candidate Name Office Sought: House	700 Disburse	State ID	Zip Code 83816	001 Category/ Type	Transaction ID: 0001004 Date of Disbursement M 5 M / D D / Y Y Y O O O O O O O O O O O O O O O O
	Senate Preside State: District:	ent	Primary Other (spe	☐ General cify) ▼		
В.	Full Name (Last, First, Middle Idaho Press Tribune Mailing Address PO Box	, 				Transaction ID: 0001005 Date of Disbursement 05 M / 09 / 2006
	City Nampa		State ID	Zip Code 83652		Amount of Each Disbursement this Period
	Purpose of Disbursement Newspaper Ads Candidate Name				001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate Preside State: District:	X	ement For: Primary Other (spe	2006 General	Туре	
C.	Full Name (Last, First, Middle Cable One	Initial)				Transaction ID: 0001006 Date of Disbursement
	Mailing Address 8450 W	estpark				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Boise		State ID	Zip Code 83704		Amount of Each Disbursement this Period
	Purpose of Disbursement TV Ads Candidate Name				004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate Preside State: District:	X	ement For: Primary Other (spe	2006 General cify) ▼		
s	UBTOTAL of Disbursements T	his Page (optional)			>	5970.00

S	CHEDULE E	B (FEC Form 3	3) [Lloo oon	erate schedule(s)		FOR LINE	PAGE 35/81								
IT	EMIZED DIS	SBURSEMEN	TS	for each	category of the Summary Page	'	(check onl	<u>X</u> 1	e) 7 20a	П	18 20b	. [_	9a !0c	П	19b 21
		ed from such Reports roses, other than usin						for th	e pu		se of	so	licati	ng c		butions
Ë	NAME OF COMM	<u> </u>										_				
$ \rangle$	Sorensen for C	, ,														
Α.	Full Name (Last, Pure Post Card	First, Middle Initial) ds				1					0000 ment					
	Mailing Address	1227 S Lincoln	Ave						0 5	М	/ D	0	9 /	Y	ž	0 0 6
	City Clearwater			tate L	Zip Code 33756			A	mou	nt o	f Eac	h l	Disbu	ırse	-	t this Period
	Purpose of Disbu Postage	rsement					001						sposa		Exc	
	Candidate Name					С	ategory/ Type				butio F.R. 4		Req 0.53	uired	d Un	der
	Office Sought:	House Senate President		nent For: Primary Other (spe	2006 General											
	State:	District:														
В.	, .	First, Middle Initial)									-	se	000 ment		9	
	Mailing Address	691 S Capitol B	Soulevard					05 M / D D D / Y 2 O O 6 Y							0 0 6 °	
	City Boise		S II	tate O	Zip Code 83702			A	mou	nt o	f Eac	h l	Disbu	ırse	men	t this Period
	Purpose of Disbu Postage	rsement		001					Refund or Disposal of Excess							
	Candidate Name		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53					der							
	Office Sought:	House Senate President		nent For: Primary Other (spe	2006 General											
	State:	District:		otrici (spe	cony) $lacksquare$											
C.	Full Name (Last, Holly Cawley	First, Middle Initial)											0000 ment		8	
	Mailing Address	1911 W Tracy (Court						o ^M 5	М	/ D	0	9 /	Y	ž	0 0 6
	City Meridian		S II	tate	Zip Code 83642			A	mou	nt o	f Eac	h l	Disbu	ırse	men	t this Period
	Purpose of Disbu							1 L								779.40
	Reimbursements Candidate Name						001 ategory/ Type		Co	ontri		ns	sposa Req 0.53			
	Office Sought: House Disbursen Senate X			nent For: Primary	2006 General		71	IT	ЕМІ	ZA [°]	TIOI	ΝI	BEL	OW	'	
	State:	President District:		Other (spe	ecify) 🔻											
s	UBTOTAL of Disb	oursements This Page	(optional)				▶					_			8	503.14

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	CHEDULE B (FE EMIZED DISBUF	-	for each o	rate schedule(s) category of the Summary Page	(check only	NUMBER: PAGE 36 / 81 y one) X 17				
						for the purpose of solicating contributions plicit contributions from such committee				
\rangle	NAME OF COMMITTEE Sorensen for Congres	` '								
Α.	Full Name (Last, First, MirkLEW-TV Mailing Address 262)	ddle Initial) 6 17th St				Transaction ID: 0000988-001 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Lewiston Purpose of Disbursement TV Ads		State ID	Zip Code 83501	004	Amount of Each Disbursement this Period 779.40				
	Candidate Name Office Sought: Ho		ement For:	2006	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO				
	State: Pr	esident t:	C Primary Other (spec	☐ General cify) ▼						
В.	Full Name (Last, First, Mi Journal Broadcasting Mailing Address 525	,	0			Transaction ID: 0000958 Date of Disbursement O 5 M / D 1 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Boise		State ID	Zip Code 83706		Amount of Each Disbursement this Period				
	Purpose of Disbursement Radio Ads Candidate Name				004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Se	enate >	ement For: C Primary Other (spec	2006 General	71					
C.	Full Name (Last, First, Mi KORT FM/AM	ddle Initial)				Transaction ID: 0000959 Date of Disbursement				
	Mailing Address PO	Box 510				$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix} $				
	City Grangeville		State ID	Zip Code 83530		Amount of Each Disbursement this Period				
	Purpose of Disbursement Radio Ads Candidate Name				004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Se	enate >	ement For: (Primary Other (spec	2006 General						
[UBTOTAL of Disburseme	I				1006.00				
∟ಿ	UDIUIAL OF DISDUISEME	ilis Triis Page (optional)			·····					

SCHEDULE B (FEC Form 3)			3)	Lice con		DR LINE NUMBER: PAGE 37 / 81											
IT	EMIZED DI	SBURSEMEN	TS	for each	erate schedule(s) category of the Summary Page		(check only	y one) X 17 20	7		18 20	L		19a 20c		19b 21	
		ed from such Reports rposes, other than using															
abla	NAME OF COM	MITTEE (In Full)															_
\rangle	Sorensen for 0	Congress															
Α.	Full Name (Last, KWAL Radio	First, Middle Initial)						Transaction ID: 0000960 Date of Disbursement O 5									
	Mailing Address	PO Box U															
	City Osburn			tate D	Zip Code 83849			Amount of Each Disbursement this Period									
	Purpose of Disbursement Radio Ads 00							336.00 Refund or Disposal of Excess Contributions Required Under									
	Candidate Name	·				С	ategory/ Type					ons 400			d Un	der	
	Office Sought:	House Senate President		nent For: Primary Other (spe	2006 General												
	State:	District:															
В.	Full Name (Last, First, Middle Initial) KLER Radio								ans ate c		isbu	ırse	me	0096 nt	51		
	Mailing Address	PO Box 32						d	5	М	′	1	0	/	Ý Ž	0 0 6 °	
	City Orofino			tate D	Zip Code 83544			Ar	nou	nt o	f Ea	ich	Dis	burse	emen	t this Period	_
	Purpose of Disbursement Radio Ads						004	L						sal of			_
	Candidate Name						ategory/ Type					ons 40		quire 3	d Un	der	
	Office Sought:	House Senate President		nent For: Primary Other (spe	2006 General												
	State:	District:		Other (ope	,ony) ∀												
C.	Full Name (Last, KOFE Radio	First, Middle Initial)	l						ans ate c					0096 nt	62		
	Mailing Address	PO Box 278						ď	5	М	/	^D 1	0	/	Ž	0 0 6 °	
	City St Maries			tate D	Zip Code 83861			Ar	nou	nt o	f Ea	ich	Dis	burse	emen	t this Period	_
	Purpose of Disbu	ursement														160.00	╛
	Radio Ads Candidate Name						004 ategory/ Type		Co	ntri	buti		Re	sal of quire 3			
	Office Sought:	House Senate		Primary	2006 General		M										
	State:	President District:		Other (spe	есіту) 🔻												
s	UBTOTAL of Disl	bursements This Page	(optional)				<u> </u>			•		_			1	090.00	

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 38 / 81 / one)
•	EIMIZED DISBURSEMEN I S	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) Sorensen for Congress			
Α.	Full Name (Last, First, Middle Initial) Blue Sky Broadcasting Mailing Address 327 South Marion Avenue	٩		Transaction ID: 0000963 Date of Disbursement 0 5
	City Sandpoint	State Zip Code ID 83864		Amount of Each Disbursement this Period 2896.00
	Purpose of Disbursement Radio Ads Candidate Name		004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006 Primary General Other (specify)		
_				
В.	Full Name (Last, First, Middle Initial) Comcast			Transaction ID: 0000964 Date of Disbursement
	Mailing Address E 1717 Buckeye		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$	
	•	State Zip Code WA 99207		Amount of Each Disbursement this Period
	Purpose of Disbursement TV Ads	004	3513.60 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial)			In access
C.	Inspirational Family Radio			Transaction ID: 0000965 Date of Disbursement
	Mailing Address 1440 South Weideman A	Avenue		05
		State Zip Code ID 83709		Amount of Each Disbursement this Period
	Purpose of Disbursement Radio Ads		004	643.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ement For: 2006 Primary General Other (specify)		
_	State: District:	- ·		
s	UBTOTAL of Disbursements This Page (optional) .			7052.60

	CHEDULE B (FEC Form 3)		e schedule(s)	FOR LINE (check only			
IT	EMIZED DISBURSEMENTS	for each cate Detailed Sun		1 `	X 17		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full) Sorensen for Congress						
Α.	Full Name (Last, First, Middle Initial) Citadel Broadcasting Company				Transaction ID: 0000966 Date of Disbursement M 5 M / D D / Y Y Y O O 6		
	Mailing Address 1419 W Bannock Street				05		
			p Code 3702		Amount of Each Disbursement this Period		
	Purpose of Disbursement Radio Ads			004	3199.00 Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	• 🗎 –	ment For: Primary Other (specify	2006 General				
	State: District:						
В.	Full Name (Last, First, Middle Initial) KLEW-TV				Transaction ID: 0000967 Date of Disbursement		
	Mailing Address 2626 17th St				$\begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 0 & 1 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$		
	•		p Code 3501		Amount of Each Disbursement this Period		
	Purpose of Disbursement TV Ads			004	Refund or Disposal of Excess		
	Candidate Name	andidate Name Categor Type					
	Senate X President	ment For: Primary Other (specify	2006 General				
	State: District:						
C.	Full Name (Last, First, Middle Initial) KNIN-TV				Transaction ID: 0000968 Date of Disbursement		
	Mailing Address 816 W Bannock Ste 402				$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} & \begin{smallmatrix} M \\ D \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} M \\ D \end{smallmatrix} & \begin{bmatrix} M$		
			p Code 3702		Amount of Each Disbursement this Period		
	Purpose of Disbursement TV Ads			004	1737.40 Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
		ment For: Primary Other (specify	2006 General				
_	State: District:	(-1)	, *				
s	UBTOTAL of Disbursements This Page (optional) .				6372.05		

SCHEDULE B (FEC Form 3) Use seperate schedule(s)				_	E NUMBER: PAGE 40 / 81				
ITEMIZED DISBURSEMENTS		for each of Detailed S	category of the Summary Page	(check or	X 17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports and Stat for commercial purposes, other than using the na								
\rangle	NAME OF COMMITTEE (In Full) Sorensen for Congress								
Α.	Full Name (Last, First, Middle Initial) Weiser Signal American Mailing Address PO Box 709		Transaction ID: 0000970 Date of Disbursement M 5 M / D 1 D / Y Y Y O O 6						
	City Weiser		Amount of Each Disbursement this Period						
	Purpose of Disbursement Advertising Candidate Name			004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
		x Sement For: X Primary Other (spe	2006 General						
В.	Full Name (Last, First, Middle Initial) KOZE AM Mailing Address PO BOX 936				Transaction ID: 0001064 Date of Disbursement Description of the control of the c				
	City Lewiston	State ID	Zip Code 83501		Amount of Each Disbursement this Period				
	Purpose of Disbursement Radio Ads Candidate Name			004 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disbut Senate President State: District:	rsement For: X Primary Other (spe	2006 General	Type					
C.	Full Name (Last, First, Middle Initial) KMCL Mountain Air 101				Transaction ID: 0001065 Date of Disbursement				
	Mailing Address PO Box 813				0 5 M / D 1 D / Y 2 0 0 6 Y				
	City McCall	State ID	Zip Code 83638		Amount of Each Disbursement this Period				
	Purpose of Disbursement Radio Ads Candidate Name			004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	9 🗎	x Primary Other (spe	2006 General cify) ▼						
s	UBTOTAL of Disbursements This Page (optional	J)(l		>	1097.00				

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S	CHEDULE E	B (FEC Form 3)	Use sepe	erate schedule(s)		LINE I	NUMBER:	PAGE 41 / 81		
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									20c 21		
								or the purpose of solicati cit contributions from su			
\setminus	NAME OF COMM	, ,									
	Sorensen for C	ongress									
_		First, Middle Initial)						Transaction ID: 000	1066		
Α.	KQQQ AM-FM	i						Date of Disbursement			
	Mailing Address	PO Box 1		05							
	City Pullman			tate VA	Zip Code 99163			Amount of Each Disb	ursement this Period		
	Purpose of Disbu	rsement		004	\neg	Refund or Dispos	330.00				
	Candidate Name			Categor Type	y/	Contributions Red					
	Office Sought:	House	Disbursen	nent For:	2006	туре					
		Senate		Primary	General						
	State:	President District:		Other (spe	ecity) 🔻						
	Full Name (Last,	First, Middle Initial)						Transaction ID: 000	1067		
В.	KVNI	,						Date of Disbursemen	t		
	Mailing Address	PO Box 308						05 10	2006		
	City			state	Zip Code 83816			Amount of Each Disb	ursement this Period		
	Coeur D Alene Purpose of Disbu		I				560.00				
	Radio Ads	rsement		004 Refund or Disposal of I							
	Candidate Name			Categor Type	uired Under						
	Office Sought:	House	Disburser		2006						
		Senate President		Primary Other (spe	General						
	State:	District:		Other (ope	√ () () () () () () () () () (
_	Full Name (Last,	First, Middle Initial)						Transaction ID: 000	0956		
C.	Ida-Vend Broad	dcast						Date of Disbursemen	t		
	Mailing Address	805 Stewart						05 / 11	² 2006		
	City Lewiston			state D	Zip Code 83501			Amount of Each Disb	ursement this Period		
	Purpose of Disbu	rsement	·		-		\neg		1356.00		
	Radio Ads Candidate Name					004		Refund or Dispose Contributions Required			
	Januluale Naille					Categor Type	y/	11 C.F.R. 400.53			
	Office Sought:	House	Disburser		2006	-					
		Senate		Primary	General						
	State:	President District:		Other (spe	eciry) 🔻						
Г	Ciaic.	District.									
١	LIRTOTAL of Dieh	oursements This Page	(ontional)						2246.00		

SCHEDULE B (FEC Form 3) Use seperate schedule(s				FOR LINE	E NUMBER: PAGE 42 / 81				
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page)		X 17 18 19a 19b 20a 20b 20c 21				
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam								
\setminus	NAME OF COMMITTEE (In Full)								
V	Sorensen for Congress								
Α.	Full Name (Last, First, Middle Initial) KTRV TV Mailing Address 1 Sixth St N				Transaction ID: 0000957 Date of Disbursement M 5 M / D 1 D / Y Y Y O O 6				
	City Nampa	State Zip Code ID 83687			Amount of Each Disbursement this Period				
	Purpose of Disbursement TV Ads			004	701.25 Refund or Disposal of Excess				
	Candidate Name		C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate X President	ement For: 2006 Primary Genera Other (specify)	J						
	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: 0001029				
B.	KIVI-TV				Date of Disbursement				
	Mailing Address 1866 E Chisholm Dr		05 11 7 2006						
	City Nampa	State Zip Code ID 83687			Amount of Each Disbursement this Period				
	Purpose of Disbursement TV Ads		004	2503.25 Refund or Disposal of Excess					
	Candidate Name		7	Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	· -	ement For: 2006 Primary General Other (specify)	l						
	State: District:								
C.	Full Name (Last, First, Middle Initial) Aristotle				Transaction ID: 0001073 Date of Disbursement				
	Mailing Address 205 Pennsylvania Ave S	SE			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I & I \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & G \end{bmatrix}$				
	City Washington	State Zip Code DC 20003			Amount of Each Disbursement this Period				
	Purpose of Disbursement Fees		Т	001	23.00				
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
	• 🗎 –	ement For: 2006 Primary Genera Other (specify)	ı I						
	State: District:	Curer (specify) \							
s	UBTOTAL of Disbursements This Page (optional)			<u>►</u>	3227.50				

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S	SCHEDULE B (FEC Form 3) Use seperate s			erate schedule(s)		NUMBER: PAGE 43 / 81	
ITEMIZED DISBURSEMENTS		ITS		category of the Summary Page	(check on	X 17	
						for the purpose of solicating contributions olicit contributions from such committee	
\setminus	NAME OF COMMITTEE (In Full)						
$ \rangle$	Sorensen for Congress						
′ А.	Full Name (Last, First, Middle Initial)					Transaction ID: 0000955	
Α.	Taylor Davis					Date of Disbursement	
	Mailing Address 2245 E 200 W	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	City		State	Zip Code		Amount of Each Disbursement this Period	
	St Anthony		ID	83445		450.05	
	Purpose of Disbursement				004	452.35	
	Signs Candidate Name	001 Category/	Refund or Disposal of Excess Contributions Required Under				
	Cardidate Name				Type	11 C.F.R. 400.53	
	Office Sought: House	Disburse	ment For:	2006			
	Senate	Х	Primary	General			
	President		Other (spe	ecify) 🔻			
_	State: District:						
В.	Full Name (Last, First, Middle Initial) KTVB					Transaction ID: 0000954	
	KIVB	Date of Disbursement					
	Mailing Address 5407 Fairview	05 12 7 2006					
	City		State ID	Zip Code 83706		Amount of Each Disbursement this Period	
	Boise Purpose of Disbursement		6579.75				
	TV Ads		004	Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Senate President		ment For: Primary Other (spe	2006 General			
	State: District:		Ctrici (Sp.	S Oll y) ∀			
_	Full Name (Last, First, Middle Initial)	-				Transaction ID: 0000953	
C.	Holly Cawley					Date of Disbursement	
	Mailing Address 1911 W Tracy	Court				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$	
	City Meridian		State ID	Zip Code 83642		Amount of Each Disbursement this Period	
	Purpose of Disbursement				•	1049.00	
	Reimbursements	001	Refund or Disposal of Excess				
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Senate President		ment For: Primary Other (spe	2006 General		ITEMIZATION BELOW	
	State: District:		- (-	<i>→</i>			
s	UBTOTAL of Disbursements This Pag	e (optional)				8081.10	

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 44 / 81			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21			
	r Information copied from such Reports and Statem or commercial purposes, other than using the name						
<u> </u>	NAME OF COMMITTEE (In Full)						
	Sorensen for Congress						
۹.	Full Name (Last, First, Middle Initial) Digital NRG Inc	Transaction ID: 0000953-001 Date of Disbursement					
	Mailing Address 777 South Central Expres	ssway Suite		$\begin{bmatrix} 0 & 5 & M & 1 & D & D & 1 & D & 1 & 2 & 1 & 2 & 1 & 2 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 1 & 2 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 0 & 6 & 1 & 2 & 2 & 0 & 0 & 0 & 6 & 1 & 2 & 0 & 0 & 0 & 6 & 1 & 2 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0$			
		State Zip Code TX 75080		Amount of Each Disbursement this Period			
	Purpose of Disbursement T1 Service	001	1000.00 Refund or Disposal of Excess				
	Candidate Name	Category/ Type	Contributions Required Under				
		ment For: 2006 Primary General Other (specify)		MEMO ITEM]			
В.	Full Name (Last, First, Middle Initial)			Transaction ID: 0001012			
ь.	Holly Cawley			Date of Disbursement			
	Mailing Address 1911 W Tracy Court			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	•	State Zip Code ID 83642		Amount of Each Disbursement this Period			
	Purpose of Disbursement Reimbursements	001	1400.88 Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	· — — —	ment For: 2006 Primary General Other (specify)		ITEMIZATION BELOW			
).	Full Name (Last, First, Middle Initial) Coeur dAlene Press			Transaction ID: 0001012-001 Date of Disbursement			
	Mailing Address PO Box 700			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
		State Zip Code ID 83816		Amount of Each Disbursement this Period			
	Purpose of Disbursement Advertising	004	1400.88 Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
		ment For: 2006 Primary General Other (specify)		MEMO ITEM]			
	JBTOTAL of Disbursements This Page (optional) .			1400.88			

5(CHEDULE B (FECForm 3)	Use seperate schedu	le(s)		E NUMBER: PAGE 45/81			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pa	he ′	(check only	(x) 17			
	r Information copied from such Reports and Statem or commercial purposes, other than using the name							
\rangle	NAME OF COMMITTEE (In Full) Sorensen for Congress							
۹.	Full Name (Last, First, Middle Initial) Holly Cawley Mailing Address 1911 W Tracy Court				Transaction ID: 0001025 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
		7. 0.1						
	•	State Zip Code ID 83642			Amount of Each Disbursement this Period	1		
	Purpose of Disbursement Reimbursements Candidate Name			001 ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
		ment For: 2006 Primary Gene Other (specify)	eral		ITEMIZATION BELOW			
3.	Full Name (Last, First, Middle Initial) Bonner County Daily Bee Mailing Address PO Box 159				Transaction ID: 0001025-001 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
		State Zip Code			Amount of Each Disbursement this Period	_		
	Sandpoint	ID 83864			1018.50	1		
	Purpose of Disbursement Advertising Candidate Name			004 ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	_		
		ment For: 2006 Primary Gene Other (specify)	eral		[MEMO ITEM] MEMO			
Э.	Full Name (Last, First, Middle Initial) Idaho Press Tribune				Transaction ID: 0001027 Date of Disbursement			
	Mailing Address PO Box 9399				$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ 0 & 1 & 6 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $			
		State Zip Code ID 83652			Amount of Each Disbursement this Period	_		
	Purpose of Disbursement Advertising			004	1200.00 Refund or Disposal of Excess			
	Candidate Name			ategory/ Type	Contributions Required Under 11 C.F.R. 400.53			
	· —	ment For: 2006 Primary Gene Other (specify)	eral					
SI	JBTOTAL of Disbursements This Page (optional) .			▶	2218.50]		
T	OTAL This Period (last page this line number only)			•]		

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	CHEDULE B (FEC Form 3			rate schedule(s)	FOR LINE (check only				
IT	EMIZED DISBURSEMENT	r s		ategory of the Summary Page	- 1 ` -	X 17			
	y Information copied from such Reports a for commercial purposes, other than usin								
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	Sorensen for Congress								
Α.	Full Name (Last, First, Middle Initial) Autosort					Transaction ID: 0001028 Date of Disbursement			
	Mailing Address PO Box 191025					05 M / D 1 6 / Y 2 0 0 6 Y			
	City	ç	State	Zip Code		Amount of Each Disbursement this Period			
	Boise		D	83719-1025					
	Purpose of Disbursement Mailing Services & Postage				006	6343.25 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House	Disburser	nent For:	2006	1,700				
	Senate	X	Primary	General					
	State: President District:		Other (spec	city) 🔻					
_	Full Name (Last, First, Middle Initial)					Transaction ID: 0001035			
В.	Citadel Broadcasting Company					Date of Disbursement			
	Mailing Address 1419 W Bannoc		$\begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 7 \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 2 \\ 1 & 2 & 0 & 0 & 6 \end{bmatrix}$						
	City Boise		State D	Zip Code 83702		Amount of Each Disbursement this Period			
	Purpose of Disbursement Advertising		00.02	004	200.00				
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Senate	Disburser	nent For: Primary	2006 General					
	State: President District:		Other (spec	cify) 🔻					
_	Full Name (Last, First, Middle Initial)					Transaction ID: 0001036			
C.	KOZE AM					Date of Disbursement			
	Mailing Address PO BOX 936					$\begin{bmatrix} 0.5 & M \\ 0.5 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 1.7 & D \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2.0 & 0.6 & Y \end{bmatrix}$			
	City Lewiston		State D	Zip Code 83501		Amount of Each Disbursement this Period			
	Purpose of Disbursement Radio Ads				004	99.00			
	Candidate Name				004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House	Disburser	nent For:	2006	. 160				
	Senate	X	Primary	General					
	State: President District:		Other (spec	cify) 🔻					
Г	טומוכ. טוטוווענ.								
ls	UBTOTAL of Disbursements This Page	(optional)				6642.25			

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 47/81 Use seperate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Sorensen for Congress Full Name (Last, First, Middle Initial) Transaction ID: 0001037 KMCL Mountain Air 101 Date of Disbursement 0 5 2006 Mailing Address PO Box 813 City State Zip Code Amount of Each Disbursement this Period McCall ID 83638 120.00 Purpose of Disbursement Radio Ads 004 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2006 House X Primary Senate General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: 0001038 Inspirational Family Radio Date of Disbursement 0 5 2006 Mailing Address 1440 South Weideman Avenue City State Zip Code Amount of Each Disbursement this Period 83709 Boise ID 110.00 Purpose of Disbursement Radio Ads 004 Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: 2006 Senate X Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: 0001039 C. KWAL Radio Date of Disbursement 2006 Mailing Address PO Box U City State Zip Code Amount of Each Disbursement this Period Osburn ID 83849 72.00 Purpose of Disbursement Radio Ads 004 Refund or Disposal of Excess Contributions Required Under Category/ Candidate Name 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: 2006 Senate X Primary General President Other (specify) State: District:

302.00

SUBTOTAL of Disbursements This Page (optional) ...

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	CHEDULE B (FEC Form 3	' Use sep	erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 48 / 81 vone)			
П	EMIZED DISBURSEMENTS		category of the Summary Page	l `	X 17			
	y Information copied from such Reports and for commercial purposes, other than using							
\setminus	NAME OF COMMITTEE (In Full)							
$ \rangle$	Sorensen for Congress							
Α.	Full Name (Last, First, Middle Initial) KOFE Radio				Transaction ID: 0001040 Date of Disbursement			
	Mailing Address PO Box 278				05 17 2006			
	City St Maries	State ID	Zip Code 83861		Amount of Each Disbursement this Period			
	Purpose of Disbursement Radio Ads	004	60.00 Refund or Disposal of Excess					
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House	Disbursement For:		1 300				
	Senate	X Primary	General					
	President	Other (sp	ecify)					
_	State: District: Full Name (Last, First, Middle Initial)							
В.	KLER Radio				Transaction ID: 0001041 Date of Disbursement			
	Mailing Address PO Box 32				$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & G \end{bmatrix}$			
	City Orofino	State ID	Zip Code 83544		Amount of Each Disbursement this Period			
	Purpose of Disbursement Radio Ads			004	88.00 Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Senate	Disbursement For: X Primary	2006 General					
	President	Other (sp	ecify) 🔻					
	State: District:							
C.	Full Name (Last, First, Middle Initial) Blue Sky Broadcasting				Transaction ID: 0001042 Date of Disbursement			
	Mailing Address 327 South Marion	Avenue			$\begin{bmatrix} 0.5 & M \\ 0.5 & M \end{bmatrix} / \begin{bmatrix} 0.1 & 0 \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} 0.1 & 0 \\ 1 & 2 & 0 & 0 & 0 \end{bmatrix}$			
	City Sandpoint	State ID	Zip Code 83864		Amount of Each Disbursement this Period			
	Purpose of Disbursement Advertising		Г	004	1024.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President	Disbursement For: X Primary Other (sp	2006 General	,				
	State: District:	(0p	<i>>,</i> ∀					
s	UBTOTAL of Disbursements This Page (o	ptional)			1172.00			

C						
	CHEDULE B (FEC Form 3	-		erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 49 / 81
IT	EMIZED DISBURSEMEN	ΓS		category of the Summary Page	_ i `	X 17
	y Information copied from such Reports for commercial purposes, other than usir					or the purpose of solicating contributions licit contributions from such committee
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	Sorensen for Congress					
_	Full Name (Last, First, Middle Initial)					Transaction ID: 0001016
Α.	Internal Revenue Service					Date of Disbursement
	Mailing Address PO Box 660264		0 5 M / D 1 7 Y Y Y O O 6 Y			
	City		State	Zip Code		Amount of Each Disbursement this Period
	Dallas		TX	75266		FOF 74
	Purpose of Disbursement				004	595.74
	Employment Taxes Candidate Name				001 Category/	Refund or Disposal of Excess Contributions Required Under
	Candidate Name				Type	11 C.F.R. 400.53
	Office Sought: House	Disburse	ment For:	2006		
	Senate	X	Primary	General		
	President		Other (spe	cify)		
	State: District:					
В.	Full Name (Last, First, Middle Initial) Holly Cawley					Transaction ID: 0001013 Date of Disbursement
	Mailing Address 1911 W Tracy 0		$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 1 & 7 & 7 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & 2 & 0 & O & O & O \end{bmatrix}$			
	City		State	Zip Code		Amount of Each Disbursement this Period
	Meridian		ID	83642		5116.60
	Purpose of Disbursement Reimbursements				001	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House	Disburser	ment For:	<u> </u> 2006	Турс	
	Senate		Primary	General		ITEMIZATION BELOW
	President		Other (spe	cify)		
	State: District:					
C.	Full Name (Last, First, Middle Initial) Coeur dAlene Press					Transaction ID: 0001013-001
٥.	Coeur dalene Press					Date of Disbursement
	Mailing Address PO Box 700					$\begin{bmatrix} 0.5 & M \\ 0.5 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1.7 & D \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2.0 & 0.6 & Y \end{bmatrix}$
	City Coeur D Alene		State ID	Zip Code 83816		Amount of Each Disbursement this Period
	Purpose of Disbursement	<u> </u>		1		1099.80
	Advertising				004	Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser	ment For:	2006		[MEMO ITEM] Memo
	Senate	X	Primary	General		IVILIVIO
	President		Other (spe	cify)		
_	State: District:					
s	UBTOTAL of Disbursements This Page	(optional)				5712.34

C	SUEDIII E B /E		\				
	CHEDULE B (F			rate schedule(s)	FOR LINI (check or	E NUMBER: PAGE 50 / 81	
IT	EMIZED DISBU	JRSEMENT	S		ategory of the Summary Page	(Criccit of	X 17
							for the purpose of solicating contributions olicit contributions from such committee
\setminus	NAME OF COMMITTI	EE (In Full)					
	Sorensen for Cong	ress					
Α.	Full Name (Last, First, KORT FM/AM	Middle Initial)					Transaction ID: 0001013-002 Date of Disbursement
	Mailing Address P	O Box 510					05 M / D 17 / Y 2006 Y
	City Grangeville			tate D	Zip Code 83530		Amount of Each Disbursement this Period
	Purpose of Disbursem Advertising	ent				004	100.00 Refund or Disposal of Excess
	Candidate Name					Category/ Type	Contributions Required Under
	Office Sought:	House Senate President		nent For: Primary Other (spe	2006 General		MEMO ITEM] MEMO
	State: Dis	trict:			•		
В.	Full Name (Last, First, KQQQ AM-FM	Middle Initial)					Transaction ID: 0001013-003 Date of Disbursement
	Mailing Address P	O Box 1					05 7 2006
	City Pullman			tate VA	Zip Code 99163		Amount of Each Disbursement this Period
	Purpose of Disbursem Advertising	ent		004	93.50 Refund or Disposal of Excess		
	Candidate Name					Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought:	House Senate President		nent For: Primary Other (spe	2006 General		MEMO MEMO
	State: Dis	trict:			, ·		
C.	Full Name (Last, First, Ida-Vend Broadcas						Transaction ID: 0001013-004 Date of Disbursement
	Mailing Address 8	05 Stewart					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Lewiston			tate D	Zip Code 83501		Amount of Each Disbursement this Period
	Purpose of Disbursem Advertising	ent				004	134.50 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought:	House Senate President		nent For: Primary Other (spe	2006 General		MEMO TEMJ MEMO
_	State: Dis	trict:					
۱,	UBTOTAL of Disburse	ments This Page ((optional)				0.00

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 51 / 81 y one)				
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21				
	Information copied from such Reports and Stater or commercial purposes, other than using the nam							
_	NAME OF COMMITTEE (In Full)							
<i>)</i> _	Sorensen for Congress							
۸.	Full Name (Last, First, Middle Initial) Idaho Statesman		Transaction ID: 0001013-005 Date of Disbursement					
	Mailing Address 1200 N Curtis Rd			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D \\ I \end{smallmatrix} \begin{smallmatrix} D \\ I \end{smallmatrix} \Big] \ / \ \begin{bmatrix} \begin{smallmatrix} Y \\ I \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} V \\ O \end{smallmatrix} \begin{smallmatrix} O \end{smallmatrix} \begin{smallmatrix} O \\ G \end{smallmatrix} \Big]$				
	City Boise		Amount of Each Disbursement this Period					
	Purpose of Disbursement Advertising	004	3583.80 Refund or Disposal of Excess					
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disburs Senate President State: District:		[MEMO ITEM] MEMO					
В.	Full Name (Last, First, Middle Initial) KVNI			Transaction ID: 0001013-006 Date of Disbursement				
	Mailing Address PO Box 308		$\begin{bmatrix}\begin{smallmatrix}M\\05\end{smallmatrix}\end{bmatrix}^M \begin{smallmatrix}D\\17\end{smallmatrix}\end{bmatrix}^D \begin{smallmatrix}Y\\2006\end{smallmatrix}$					
	City Coeur D Alene	State Zip Code ID 83816		Amount of Each Disbursement this Period				
	Purpose of Disbursement Advertising		004	105.00 Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]				
	· -	ement For: 2006 Primary General Other (specify)		MEMO				
).	Full Name (Last, First, Middle Initial) The Wish List			Transaction ID: 0000946-IK Date of Disbursement				
	Mailing Address 333 N Fairfax Street, Su	ite 302		05				
	City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period				
	Purpose of Disbursement IN-KIND: printing, postage &		006	996.05 Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate X President	ement For: 2006 Primary General Other (specify)		(contributor) In-Kind Received				
_	State: District: JBTOTAL of Disbursements This Page (optional)			996.05				

S	CHEDULE B (F	EC Form 3) [FOR LI	NF NI	UMRF	R:			PAGE	52 / 81	
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS					erate schedule(s) category of the	(check	only o		_		_	- 7.02		
		_		Detailed S	Summary Page		Х	17 20a		0b	2	19a 20c	19b 21	
	y Information copied fron for commercial purposes													
\	NAME OF COMMITTE	,												
/	Sorensen for Congre	ess												
۹.	Full Name (Last, First, I North Northwest Pro		Transa Date o				:	V . V . V						
	Mailing Address 601 Broad Street									1	8 ′		Ž 0 Ŏ 6 Š	
	City Boise			tate D	Zip Code 83702			Amour	nt of E	ach	Disb	urseme	nt this Period	_
	Purpose of Disburseme	ent					1						1815.00	
	Commercials Candidate Name					001 Category/		Co		tions	Req	al of Exc uired U		
		House Senate President		nent For: Primary Other (spe	2006 General	Туре								
	State: Dist						+					1010		
3.	Choice Media Inc	viidale iriitiai)						Transa Date o	of Disb	ourse	ment			
	Mailing Address 21	0 Sweet Wood	d Circle					0 5	М /	^D 1	8	Y	Ž 0 Ö 6 Š	
	City Columbia			tate SC	e Zip Code 29212				Amount of Each Disbursement this Period					
	Purpose of Disburseme Equipment Rental	ent		001				750.0				750.00 cess		
	Candidate Name					Category/ Type	' L	Co		tions	Req	uired U		
		House Senate President		nent For: Primary Other (spe	2006 General									
	State: Dist													
Э.	Full Name (Last, First, I Chuck Malloy	Middle Initial)						Transa Date o				-		
	Mailing Address 43	3 N Chattertor	Avenue					0 5	M /	^D 1	8	Y	2 0 0 6 °	
	City Boise			tate D	Zip Code 83713			Amour	nt of E	ach	Disb	urseme	nt this Period	_
	Purpose of Disburseme	ent				* *	1						37.00	
	Reimbursements Candidate Name					001 Category/ Type		Co		tions	Req	al of Exc uired U		
		House Senate		Primary	2006 General	1,350		ITEMI	ZATI	ON	BEL	OW		
	State: Dist	President rict:		Other (spe	ecity) 🔻									
s	UBTOTAL of Disbursen	nents This Page (optional)		·····		<u>•</u>						2602.00	

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	CHEDULE B (F	-	I US	e seper	rate schedule(s)			E NUMBER: PAGE 53 / 81				
IT	EMIZED DISBU	IRSEMENTS	for		ategory of the		(check only	<u> </u>				
			De	tailed S	Summary Page		L	X 17 18 19a 19b				
Δ		n accele Dananta and	Ctatamana		. h	-1 1-1 -		20a 20b 20c 21				
								or the purpose of solicating contributions icit contributions from such committee				
\mathbb{N}	NAME OF COMMITTE	, ,										
17	Sorensen for Congre	ess										
\angle	= "											
A.	Full Name (Last, First, I Scott Phillips	Middle Initial)						Transaction ID: 0001054 Date of Disbursement				
	Mailing Address 22	223 W Glade Cre		05 M / D 19 / Y Y Y O O 6	Y							
	City		State		Zip Code			Amount of Each Disbursement this Pe	eriod			
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		President	Othe	er (spec	cify) 🔻							
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_	Full Name (Last, First, I	Middle Initial)						Transaction ID: 0001054-001				
В.	Scott Phillips							Date of Disbursement	_			
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C.	Full Name (Last, First, I Aristotle	Middle Initial)						Transaction ID: 0001074 Date of Disbursement				
	Mailing Address 20)5 Pennsylvania	Ave SE					05 M / D 2 D / Y Y Y O O 6	Y			
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	Washington		DC		20003				-			
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	ny Information copied from such Reports and State for commercial purposes, other than using the nar			for the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Sorensen for Congress			
Α.	Full Name (Last, First, Middle Initial) Aristotle Mailing Address 205 Pennsylvania Ave S		Transaction ID: 0001075 Date of Disbursement Description of the control of the c	
	Senate	State Zip Code DC 20003 Seement For: 2006 X Primary General	001 Category/ Type	Amount of Each Disbursement this Period 4.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
В.	State: District: Full Name (Last, First, Middle Initial) Lewiston Morning Tribune Mailing Address PO Box 957	Other (specify) ▼		Transaction ID: 0001034 Date of Disbursement O 5 M / D 2 D / Y Y Y O 0 6
	9 🗎	State Zip Code ID 83501 Sement For: 2006 X Primary General Other (specify)	004 Category/ Type	Amount of Each Disbursement this Period 954.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Idaho Hispanic Caucus Mailing Address PO Box 1445			Transaction ID: 0001024 Date of Disbursement D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	9	State Zip Code ID 83701 seement For: 2006 X Primary General Other (specify)	011 Category/ Type	Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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Λ	NAME OF COMMITTEE (In Full)								
V	Sorensen for Congress								
Α.	Full Name (Last, First, Middle Initial) Holly Cawley	Transaction ID: 0001014 Date of Disbursement							
		Mailing Address 1911 W Tracy Court							
			0 5 M / D 2 D / Y Y Y O O 6 Y						
	City Meridian		Amount of Each Disbursement this Period						
	Purpose of Disbursement Reimbursements		001	65.09 Refund or Disposal of Excess					
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Dis Senate President	bursement For: 2006 X Primary General Other (specify)	1,760	ITEMIZATION BELOW					
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В.	Full Name (Last, First, Middle Initial) FedEx Kinkos			Transaction ID: 0001014-003 Date of Disbursement					
	Mailing Address 691 S Capitol Bouler	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	City Boise	State Zip Code ID 83702							
	Purpose of Disbursement Printing	006	8.40 Refund or Disposal of Excess						
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]					
	Office Sought: House Dis	bursement For: 2006 X Primary General Other (specify)	•	MEMO					
	State: District:	Other (specify)							
C.	Full Name (Last, First, Middle Initial) FedEx Kinkos			Transaction ID: 0001014-004 Date of Disbursement					
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	Candidate Name	Category/ Type	Contributions Required Under						
	Office Sought: House Distance Senate President	bursement For: 2006 X Primary General Other (specify)		[MEMO ITEM] MEMO					
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1 \	NAME OF COMMITTEE (In Full) Sorensen for Congress									
Α. (Full Name (Last, First, Middle Initial) Office Depot Mailing Address 8033 W Frankli	n Road				Transaction ID: 0001014-005 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Boise Purpose of Disbursement		State ID	Zip Code 83709		Amount of Each Disbursement this Period				
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	Office Sought: House Senate President State: District:	Disburse X	ment For: Primary Other (spe	2006 General ecify)		[MEMO ITEM] MEMO				
_	Full Name (Last, First, Middle Initial) Chuck Malloy					Transaction ID: 0001030 Date of Disbursement				
Ī	Mailing Address 433 N Chatterto		05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	City Boise		State ID	Zip Code 83713		Amount of Each Disbursement this Period				
5	Purpose of Disbursement Salary Candidate Name				001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President	Disbursel X	ment For: Primary Other (spe	2006 General	·					
	State: District:									
_	Full Name (Last, First, Middle Initial) Anabel Manchester					Transaction ID: 0001031 Date of Disbursement				
Ī	Mailing Address 1305-1/2 N 8th	Street				05 7 22 7 2006				
	City Boise		State ID	Zip Code 83702		Amount of Each Disbursement this Period				
	Purpose of Disbursement Salary Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
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\rangle	NAME OF COMMITTEE (In Full) Sorensen for Congress					
Α.	Full Name (Last, First, Middle Initial) Holly Cawley					Transaction ID: 0001015 Date of Disbursement
	Mailing Address 1911 W Tracy	Court				05 7 27 7 2006
	City Meridian		State ID	Zip Code 83642		Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursements Candidate Name				001	Refund or Disposal of Excess Contributions Required Under
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_	State: District: Full Name (Last, First, Middle Initial)					
В.	FedEx Kinkos			Transaction ID: 0001015-001 Date of Disbursement 05		
	Mailing Address 691 S Capitol		05 21 2006			
	City Boise			Amount of Each Disbursement this Period		
	Purpose of Disbursement Postage				001	19.35 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		ement For: Primary Other (spe	2006 General		MEMO ITEM]
	State: District:			· · · · · · · · · · · · · · · · · · ·		
C.	Full Name (Last, First, Middle Initial) FedEx Kinkos					Transaction ID: 0001015-002 Date of Disbursement
	Mailing Address 691 S Capitol	Boulevard	I			05 19 7 2006
	City Boise		State ID	Zip Code 83702		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage				001	25.25 Refund or Disposal of Excess
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Senate President		ement For: Primary Other (spe	2006 General		[MEMO ITEM] MEMO
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	y Information copied from such Reports and State for commercial purposes, other than using the nar								
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	Sorensen for Congress								
Α.	Full Name (Last, First, Middle Initial) Bonner County Daily Bee Mailing Address PO Box 159			Transaction ID: 0001015-003 Date of Disbursement 0.5 M / D.D. / Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.					
	Maining / Mariess P O Box 139								
	City Sandpoint	State Zip Code ID 83864		Amount of Each Disbursement this Period					
	Purpose of Disbursement Advertising		004	359.40 Refund or Disposal of Excess					
	Candidate Name	C	Category/	Contributions Required Under 11 C.F.R. 400.53					
	Senate President	sement For: 2006 (Primary General Other (specify)	··· [[MEMO ITEM] Memo					
	State: District:								
В.	Full Name (Last, First, Middle Initial) Scott Phillips			Transaction ID: 0001020 Date of Disbursement					
	Mailing Address 2223 W Glade Creek S		$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & Z & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & O & O \\ Y & Z & O & O & G \end{bmatrix}$						
	City Meridian	State Zip Code ID 83642							
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	Candidate Name								
		sement For: 2006 C Primary General Other (specify)		ITEMIZATION BELOW					
	State: District:	Other (specify)							
С.	Full Name (Last, First, Middle Initial) Chuck Malloy			Transaction ID: 0001032 Date of Disbursement					
	Mailing Address 433 N Chatterton Avenu	le		$ \begin{bmatrix} \begin{smallmatrix}M\\D5\end{smallmatrix} & \begin{smallmatrix}M\\27\end{smallmatrix} \end{bmatrix} \ \begin{smallmatrix} \begin{smallmatrix}D\\27\end{smallmatrix} & \begin{smallmatrix}Y\\2006\end{smallmatrix} ^Y $					
	City Boise	State Zip Code ID 83713		Amount of Each Disbursement this Period					
	Purpose of Disbursement	-	43.38						
	Reimbursements Candidate Name	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
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Α.	Full Name (Last, First, Middle Initial) Phillips Consulting				Transaction ID: 0001 Date of Disbursement	
	Mailing Address 2223 W Glade Street				05 / 27 /	[°] 2006
	•	State Zip (ID 836	Code 342		Amount of Each Disbu	
	Purpose of Disbursement Consulting Services - May			001	Refund or Disposal	3000.00 of Excess
	Candidate Name			Category/ Type	Contributions Required 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate X President	ment For: Primary Other (specify)	2006 General			
	State: District:					
В.	Full Name (Last, First, Middle Initial) Alex Cole				Transaction ID: 0001 Date of Disbursement	043
	Mailing Address 11470 W 3rd				05 / 27	[°] 2006
	•	State Zip (Code 669		Amount of Each Disbu	rsement this Period
	Purpose of Disbursement Signs			001	Refund or Disposal	1319.23 of Excess
	Candidate Name			Category/ Type	Contributions Requ 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate X President	ment For: Primary Other (specify)	2006 General			
	State: District:	(0,000)	•			
C.	Full Name (Last, First, Middle Initial) Cawley Consulting				Transaction ID: 0001 Date of Disbursement	046
	Mailing Address 1911 W Tracy Court				06 / 01	^Y 2006 ^Y
		State Zip (Code 642		Amount of Each Disbu	rsement this Period
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		ment For: Primary Other (specify)	2006 General	. ,,,,,		
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	Mailing Address 623 12th Avenue Road								0 6	M /	DC	8 (/	Ý Ž	006	
	City State 7in Code											_				
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	City Dallas			State TX	Zip Code 75266			A	moui	nt of	Each	ı D	isburs	emen	t this Period	
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Ν	NAME OF COMMITTEE (In Full)						
/	Sorensen for Congress						
<u></u>	Full Name (Last, First, Middle Initial)						IT 0001000
A.	Internal Revenue Service						Transaction ID: 0001062 Date of Disbursement
	Mailing Address PO Box 660264						$\begin{bmatrix} 0 & 6 & M & M & M & M & M & M & M & M & M$
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	Cardidate Ivario				Ty		11 C.F.R. 400.53
	Office Sought: House	Disburse	ment For:	2006		•	
	Senate	X	Primary	General			
	President		Other (spe	ecify)			
	State: District:						
В.	Full Name (Last, First, Middle Initial)						Transaction ID: 0001044
Ь.	Sheila A. Sorensen						Date of Disbursement
	Mailing Address 1229 E Brightwa		$\begin{bmatrix} 0 & 6 & M & M & M & M & M & M & M & M & M$				
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	Office Sought: X House	Disburse	ment For:	2006		•	
	Senate	X	Primary	General			
	President		Other (spe	ecify)			
	State: ID District: 01						
C.	Full Name (Last, First, Middle Initial) The Lamar Companies						Transaction ID: 0001057
٠.	The Lamar Companies						Date of Disbursement
	Mailing Address PO Box 96030						06 06 7 2 0 06 9
	City Baton Rouge		State LA	Zip Code 70896			Amount of Each Disbursement this Period
	Purpose of Disbursement			70090			16776.00
	Advertising				00	04	Refund or Disposal of Excess
	Candidate Name	egory/ /pe	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House	Disburse	ment For:	2006			
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	President		Other (spe	ecify)			
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\setminus	NAME OF COMMITTEE (In Full)					
/	Sorensen for Congress	3					
Α.	Full Name (Last, First, Mic Custom Printing, Inc.	dle Initial)				Transaction ID: 000 Date of Disbursemen	t
	Mailing Address 126	11th Avenue North				06 / 15	2006
	City Nampa		State ID	Zip Code 83687		Amount of Each Disb	
	Purpose of Disbursement Printing				006	Refund or Dispos	1035.97
	Candidate Name				Category/ Type	Contributions Rec 11 C.F.R. 400.53	
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	State: Distric	t:	(-	3 / ∀			
В.	Full Name (Last, First, Mic KTVB	dle Initial)				Transaction ID: 000 Date of Disbursemen	
	Mailing Address 5407 Fairview Av			06 / 26	2006		
	City Boise		State ID	Zip Code 83706		Amount of Each Disb	ursement this Period
	Purpose of Disbursement Web Ads				001	Refund or Dispos	600.00
	Candidate Name				Category/ Type	Contributions Rec 11 C.F.R. 400.53	
	Ser		ment For: Primary Other (spe	2006 General			
	State: District						
C.	Full Name (Last, First, Mic Canyon County Repub		ittee			Transaction ID: 000 Date of Disbursemen	-
	Mailing Address 34 S	Bingham				06 / 26	2006
	City Nampa		State ID	Zip Code 83651		Amount of Each Disb	ursement this Period
	Purpose of Disbursement Other Political Event 003			Refund or Dispos	295.00 al of Excess		
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City

Boise

Service

State:

Mailing Address

Candidate Name

Office Sought:

Purpose of Disbursement

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full) Sorensen for Congress

Full Name (Last, First, Middle Initial)

House Senate

District:

President

FOR LINE NUMBER: PAGE 63/81 Use seperate schedule(s) (check only one) for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Transaction ID: 0001051 Date of Disbursement 26 0 6 2006 877 W Main Street, Suite 805 State Zip Code Amount of Each Disbursement this Period ID 83702 390.00 001 Refund or Disposal of Excess Contributions Required Under Category/

Type

2006

General

Disbursement For:

X Primary

Other (specify)

11 C.F.R. 400.53

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SCHEDULE B (FEC Form 3)

District:

FOR LINE NUMBER: PAGE 64 / 81 Use seperate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the Detailed Summary Page 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Sorensen for Congress Full Name (Last, First, Middle Initial) Transaction ID: 0001086 Dr. Daniel Mills Date of Disbursement 0 6 3 0 2006 Mailing Address 38152 Pacific Coast Hwy Ste 401 City State Zip Code Amount of Each Disbursement this Period Laguna Beach CA 92651 250.00 Purpose of Disbursement Paid from Corporate Account 001 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2006 House Senate X Primary General President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	250.00

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SCHEDULE C (FEC Form 3)			-11-1-(-)	PAGE 65 / 81		
LO	ANS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	13a 13b
NA	ME OF COMMITTEE (In Full)					1 100
Sc	rensen for Congress				·	
	LOAN SOURCE Full Name (Last, First, Mid	Idle Initial)			ion ID: 674-21 ction:	
	Sheila A. Sorensen (Personal Funds)	,			Primary	
	Mailing Address 1229 E Brightwater Lane				General Other (specify) ▼	
-	City Boise	State ID ZIP Code				
	Original Amount of Loan	Cumulative Payment To I	Date	Balance C	utstanding at Close of This F	eriod
	1500.00		0.00		1500.00)
	TERMS Date Incurred	Date Due		Interest Rate	Secured:	
	M M D D Y Y Y Y Y O D D D D D D D D D D D D	On Demand		Nor	ne % (apr) Yes	χ No
	01 10 2000	On Demand		INOI	e % (apr) Yes	X IVO
	List All Endorsers or Guarantors (if any) to Loa	an Source				
	Full Name (Last, First, Middle Initial)		Name of Employe	r		
ł	Mailing Address		Occupation			
			·			
			Amount	1 1 1	 	
	City State	ZIP Code	Guaranteed Outstanding:	1 1		
	Full Name (Last, First, Middle Initial)		Name of Employe	r		
ł	Mailing Address		Occupation			
ŀ	City State	ZIP Code	Amount Guaranteed			
	Oily State	ZIF Gode	Outstanding:			
Ī	Full Name (Last, First, Middle Initial)		Name of Employe	r		
	Mailing Address		Occupation			
			Amount			
Ì	City State	ZIP Code	Guaranteed			
-	Full Name (Last, First, Middle Initial)		Outstanding:	,		
	ruli Name (Last, First, Middle Initial)		Name of Employe	ı		
İ	Mailing Address		Occupation			
			Amount			
	City State	ZIP Code	Guaranteed Outstanding:			
_						
s	UBTOTALS This Period This Page (optional))		1500.0	00
T	OTALS This Period (last page in this line only)					
	, 1 0					

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)		Llas assausta aslas dula(a)		PAGE 66 / 81	
LOANS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUM (check only one	
NAME OF COMMITTEE (In Full)					100
Sorensen for Congress			Turnerati	: ID- 640 00	
LOAN SOURCE Full Name (Last, First, Middle	e Initial)			ion ID: 649-20 ction:	
Sheila A. Sorensen (Personal Funds)	,		X	Primary General	
Mailing Address 1229 E Brightwater Lane				Other (specify)	▼
City Boise	State ID ZIP Code	e 83706			
Original Amount of Loan	Cumulative Payment To [Date	Balance O	utstanding at Clos	se of This Period
30000.00		0.00			30000.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
0 2 1 0 2 0 0 6 Or	n Demand		Nor	ne % (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan	Source				
Full Name (Last, First, Middle Initial)	333.00	Name of Employ	yer		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employ	yer		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employ	yer		
Mailing Address		Occupation			
		Amount			• •
City State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employ	yer		
Mailing Address		Occupation			
	-	Amount			
City State	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		I	<u> </u>		30000.00
TOTALS This Period (last page in this line only) .			·		

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 67 / 81 FOR LINE NUMBER:

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	13b

LUANS	Detailed Summary Page	(check only one) X 13a 13b		
NAME OF COMMITTEE (In Full)		1 .02		
Sorensen for Congress	T	otion ID: 100 11		
LOAN SOURCE Full Name (Last, First, Middle Initial)		ction ID: 122-11 Election:		
Sheila A. Sorensen (Personal Funds)		X Primary General		
Mailing Address 1229 E Brightwater Lane		Other (specify)		
City Boise State ID ZIP Coo	de 83706			
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period		
500.00	0.00	500.00		
TERMS Date Incurred Date Due	Interest Ra	te Secured:		
0 3 D D D 2 0 0 5 on demand	N	lone % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount	1 1 1 1 1 1		
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
	U			
SUBTOTALS This Period This Page (optional))	500.00		
TOTALS This Period (last page in this line only)	>			
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary.				

Use separate schedule(s)

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LOANS	Detailed Summary Page	(check only one) X 13a			
NAME OF COMMITTEE (In Full) Sorensen for Congress	_				
LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)	E	ction ID: 675-23 lection:			
Mailing Address 1229 E Brightwater Lane		General Other (specify) ▼			
City Boise State ID ZIP Co	ode 83706				
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period			
25000.00	0.00	25000.00			
Date Incurred Date Due	Interest Rate	e Secured:			
0 3 0 8 2 0 0 6 On Demand	No	one % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)	>	25000.00			
	OTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to approp	raite line of Summary.			

Use separate schedule(s)

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LOANS	for each category of the Detailed Summary Page	(check only one) X 13a 13b
NAME OF COMMITTEE (In Full)		1.00
Sorensen for Congress		
	Trans	action ID: 906-33
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Sheila A. Sorensen (Personal Funds)		X Primary General
Mailing Address 1229 E Brightwater Lane		Other (specify)
City Boise State ID ZIP Cod	e 83706	
Original Amount of Loan Cumulative Payment To	Date Balanc	e Outstanding at Close of This Period
68000.00	0.00	68000.00
TERMS Date Incurred Date Due	Interest R	ate Secured:
0 5 D D 2 0 0 6 On Demand		None % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	0 0 0 0 0
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
	-	
SUBTOTALS This Period This Page (optional))	68000.00
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appr	opraite line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page (check only one) X 13a
NAME OF COMMITTEE (In Full) Sorensen for Congress	
LOAN COURCE Full Name (Loat First Middle Initial)	Transaction ID: 863-25
LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)	Election: X Primary General
Mailing Address 1229 E Brightwater Lane	Other (specify)
City Boise State ID ZIP Co	ode 83706
Original Amount of Loan Cumulative Payment To	o Date Balance Outstanding at Close of This Period
26000.00	0.00 26000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
0 5 One Demand	None % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	20000
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	······································
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Sch	nedule D. carry forward to appropraite line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page Total Line Nomber 1. (check only one) X 13a 13b
NAME OF COMMITTEE (In Full) Sorensen for Congress	
LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)	Transaction ID: 779-24 Election: X Primary
Mailing Address 1229 E Brightwater Lane	General Other (specify) ▼
City Boise State ID	ZIP Code 83706
Original Amount of Loan Cumulative Pa	
8000.00	0.00
Date Incurred Date	Due Interest Rate Secured:
0 3 D D 2 0 0 6 On Demand	None % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	8000.00
TOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page	(check only one) X 13a		
NAME OF COMMITTEE (In Full)		130		
Sorensen for Congress	Tuanaa			
LOAN SOURCE Full Name (Last, First, Middle Initial)		ction ID: 121-10 Election:		
Sheila A. Sorensen (Personal Funds)		X Primary General		
Mailing Address 1229 E Brightwater Lane		Other (specify)		
City Boise State ID ZIP Cod	e 83706			
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period		
1000.00	0.00	1000.00		
TERMS Date Incurred Date Due	Interest Ra	te Secured:		
0 2 D D 2 O D 2 O D O D O D O D O D O D O	N	one % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		1000.00		
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropraite line of Summary.				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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\	13a
	13b

LUANS	Detailed Summary Page	(check only one) X 13a	
NAME OF COMMITTEE (In Full)		1 1.02	
Sorensen for Congress	Tuanaa	ation ID. 10F F	
LOAN SOURCE Full Name (Last, First, Middle Initial)		action ID: 125-5 Election:	
Sheila A. Sorensen (Personal Funds)		X Primary General	
Mailing Address 1229 E Brightwater Lane		Other (specify)	
City Boise State ID ZIP Coc	de 83706		
Original Amount of Loan Cumulative Payment To	Date Balance	e Outstanding at Close of This Period	
15000.00	0.00	15000.00	
TERMS Date Incurred Date Due	Interest Ra	ate Secured:	
0 5 D D D 2 O D O D O D O D O D O D O D O D	N	None % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City Charles 71D Code	Amount Guaranteed		
City State ZIP Code	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
	-		
SUBTOTALS This Period This Page (optional)	<u> </u>	15000.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Sche	edule D. carry forward to appro	praite line of Summary.	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(13a
	13b

CAINS	Detailed Summary Page (check only one) X 13a
NAME OF COMMITTEE (In Full)	
Sorensen for Congress	Transaction ID: 162-4
LOAN SOURCE Full Name (Last, First, Middle Initial) Sheila A. Sorensen (Personal Funds)	Election: X Primary General
Mailing Address 1229 E Brightwater Lane	Other (specify)
City Boise State ID ZIP	Code 83706
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
3000.00	0.00 3000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
0 4 D D D 2 0 0 5 on demand	None % (apr) Yes X N
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	3000.00
TOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no S	chedule D. carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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\	13a
	13b

LOANO	Detailed Summary Page	(check only one) X 13a 13b
NAME OF COMMITTEE (In Full)		1 100
Sorensen for Congress	_	
LOAN SOURCE Full Name (Last, First, Middle Initial)		action ID: 124-3 Election:
Sheila A. Sorensen (Personal Funds)		X Primary General
Mailing Address 1229 E Brightwater Lane		Other (specify)
City Boise State ID ZIP Co	ode 83706	
Original Amount of Loan Cumulative Payment T	o Date Balanc	e Outstanding at Close of This Period
1000.00	0.00	1000.00
TERMS Date Incurred Date Due	Interest Ra	ate Secured:
0 4 D D D 2 0 0 5 On demand		None % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
0't	Amount Guaranteed	
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
State ZIF Gode	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount Guaranteed	0 0 0 0 0
City State ZIP Code	Outstanding:	
	0	1000.00
SUBTOTALS This Period This Page (optional)	<u> </u>	1000.00
TOTALS This Period (last page in this line only))	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci	hedule D, carry forward to appro	opraite line of Summary.

Use separate schedule(s) for each category of the

PAGE 76 / 81 FOR LINE NUMBER:

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	13b

LOAKO	Detailed Summary P	page (check only one) X 13a 13b
NAME OF COMMITTEE (In Full)		100
Sorensen for Congress	_	
LOAN SOURCE Full Name (Last, First, Middle Initial)	T	ransaction ID: 123-2 Election:
Sheila A. Sorensen (Personal Funds)		X Primary General
Mailing Address 1229 E Brightwater Lane		Other (specify)
City Boise State I	D ZIP Code 83706	
Original Amount of Loan Cumula	ative Payment To Date Ba	alance Outstanding at Close of This Period
500.00	0.00	500.00
TERMS Date Incurred	Date Due Intere	est Rate Secured:
0 3 D D 2 0 0 5 on demand		None % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP C	Amount Code Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP C	Amount Code Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP (Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP C	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	 [500.00
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for the	nis line. If no Schedule D, carry forward to	appropraite line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUM

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/IBER:	_	
)	Х	13a
		13b

LOANG	Detailed Summary Page	(check only one) X 13a 13b
NAME OF COMMITTEE (In Full)		135
Sorensen for Congress		
LOW COURSE 5 HALL (I		ction ID: 171-6
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Sheila A. Sorensen (Personal Funds)		General
Mailing Address 1229 E Brightwater Lane		Other (specify)
City Boise State ID ZIP Coo	de 83706	
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period
5000.00	0.00	5000.00
TERMS Date Incurred Date Due	Interest Rai	te Secured:
M M D D Y Y Y Y		
0 7 3 1 2 0 0 5 on demand	IN IN	one % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
F. II Nicoco (Local First Affeldio 1975)	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Oity State Zii Oute	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
	Outstanding.	
SUBTOTALS This Period This Page (optional))	5000.00
TOTALS This Period (last page in this line only)		
TOTALS This Period (last page in this line only)	······································	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to approp	oraite line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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13a	
13b	l

LUANS	Detailed Summary Page	(check only one) X 13a
NAME OF COMMITTEE (In Full)		1 .52
Sorensen for Congress	Transa	ction ID: 1052-34
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:
Sheila A. Sorensen (Personal Funds)		X Primary General
Mailing Address 1229 E Brightwater Lane		Other (specify) ▼
City Boise State ID ZIP Code	e 83706	
Original Amount of Loan Cumulative Payment To I	Date Balance	Outstanding at Close of This Period
16000.00	0.00	16000.00
TERMS		
Date Incurred Date Due M M D D Y Y Y Y Y	Interest Ra	te Secured: one % (apr) Yes X No
		/% (api)
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	* * * * * * * * * * * * * * * * * * * *
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
		10000 00
SUBTOTALS This Period This Page (optional)	<u></u>	16000.00
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sched	lule D, carry forward to appro	praite line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

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LOANS		Detailed Summary Pa	age (check only one) X 13a 13b	
NAME OF COMMITTEE (In Full) Sorensen for Congress				
LOAN COURCE E II Nove (Loss Eins Mi	.1.41 - 122 - IV	Tr	ansaction ID: 499-8	
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		Election: X Primary	
Sheila A. Sorensen (Personal Funds)			General	
Mailing Address 1229 E Brightwater Lane			Other (specify)	
City Boise	State ID ZIP C	ode 83706		
Original Amount of Loan	Cumulative Payment T	o Date Bal	lance Outstanding at Close of This Period	
7000.00		0.00	7000.00	
TERMS Date Incurred	Date Due	Interes	st Rate Secured:	
12 D D 2 2005	on demand		None % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Lo	an Source			
Full Name (Last, First, Middle Initial)	an Jource	Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)		>		
Carry outstanding balance only to LINE 3 Sched	ulo D for this line. If no Col	hadula D. garry farward to a	narangita line of Summary	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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$\overline{}$	13a
	13b

LUANS	Detailed Summary Page	(check only one) X 13a		
NAME OF COMMITTEE (In Full)		1100		
Sorensen for Congress	_			
LOAN SOURCE Full Name (Last, First, Middle Initial)		action ID: 479-7 Election:		
Sheila A. Sorensen (Personal Funds)		X Primary General		
Mailing Address 1229 E Brightwater Lane		Other (specify)		
City Boise State ID ZIP C	ode 83706			
Original Amount of Loan Cumulative Payment T	Γο Date Balanc	e Outstanding at Close of This Period		
2500.00	0.00	2500.00		
TERMS Date Incurred Date Due	Interest Ra	ate Secured:		
1 1 D D 2 2 D 2 0 0 5 On demand		None % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Sc	hedule D. carry forward to appro	opraite line of Summary		

Use separate schedule(s) for each category of the

PAGE 81 / 81 FOR LINE NUMBER:

LOANG	Detailed Summary Page	(check only one) X 13a 13b			
NAME OF COMMITTEE (In Full)		100			
Sorensen for Congress					
LOAN SOURCE Full Name (Last, First, Middle Initial)		ction ID: 120-9			
Sheila A. Sorensen (Personal Funds)		X Primary			
Chema A. Goronson (Fersonal Fanas)		General			
Mailing Address 1229 E Brightwater Lane		Other (specify)			
City Boise State ID ZIP Coc	de 83706				
Original Amount of Loan Cumulative Payment To		Outstanding at Close of This Period			
500.00	0.00	500.00			
	0.00	000.00			
TERMS Date Incurred Date Due	Interest Rat	e Secured:			
M M D D Y Y Y Y Y					
0 1 1 9 2 0 0 5 on demand	IN IN	one % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
O'L TIPO I	Amount Guaranteed				
City State ZIP Code	Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
McT of Address					
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
, , , , , , , , , , , , , , , , , , ,					
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed				
F. II No. vo. (Local First Middle Letter)	Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed				
only state in some	Outstanding:				
SUBTOTALS This Period This Page (optional)					
210500.00					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to approp	oraite line of Summary.			